附件2

市体育局直属事业单位盐城体育运动学校

公开选调工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 | | |  | | 性 别 | | | |  | 身份  证号 | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
| 民 族 | | |  | | 籍 贯 | | | |  | | | | | | | | | | | | | | 贴照片处  （另两张点贴于  本表右下角） | | | | | | | |
| 政 治  面 貌 | | |  | | 参加工  作时间 | | | |  | | | | 健康状况 | | | | |  | | | | |
| 专业技  术职务 | | |  | | | | | | 熟悉专业  有何专长 | | | |  | | | | | | | | | |
| 全日制  教 育 | | | 学 历 | | |  | | | | | | | 毕业院校系、专业  以及时间 | | | | | | | |  | | | | | | | | | |
| 学 位 | | |  | | | | | | |
| 在 职  教 育 | | | 学 历 | | |  | | | | | | | 毕业院校系、专业以及时间 | | | | | | | |  | | | | | | | | | |
| 学 位 | | |  | | | | | | |
| 现 任 职 务 | | | | | |  | | | | | | | 单位性质 | | | | | | | |  | | | | | | | | | |
| 掌握何种外语及等级 | | | | | |  | | | | | | | 计算机等级 | | | | | | | |  | | | | | | | | | |
| 报考岗位 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 本人编制性质 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 简  历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖  惩  情  况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 考 核  结  果 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭  主要  成员 | 称 谓 | | | 姓 名 | | | | 出生  年月 | | | 政治面貌 | | | | 工作单位及职务 | | | | | | | | | | | | | | | |
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| 本人  其他  信息 | 身份证 号码 | | |  | | | | | | | 家庭住址 | | | |  | | | | | | | | | | | | | | | |
| 单位电话 | | | | | | 住宅电话 | | | | | | | | 手机号码 | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | |
| 通信地址 | | | | | | 邮政编码 | | | | | | | | 电子信箱 | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | |
| 所在  单位  意见 | | （盖章）  年 月 日 | | | | | | | | | | 选调单位资格审查意见 | | | （盖章）  年 月 日 | | | | | | | | | | | | | | | |

注：1.本表中所填内容以及所提供材料均真实有效，如有不实之处，取消录用资格。

2.人员一经选调后即按照选调单位人员性质进行管理，不再保留原身份。

3.本表正反打印,一式三份。