内乡县选调事业单位工作人员报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 | |  | | | | | 性别 | | | | | |  | | | | | 出生年月  ( 岁) | | | | | |  | | | 照 片 |
| 民 族 | |  | | | | | 籍贯 | | | | | |  | | | | | 出 生 地 | | | | | |  | | |
| 入 党  时 间 | |  | | | | | 参加工作时间 | | | | | |  | | | | | 健康状况 | | | | | |  | | |
| 身份证号 | |  | |  |  |  | |  |  |  | | | |  |  |  |  | |  |  |  |  |  | |  |  |
| 学历  学位 | | 全日制  教 育 | | | | | 学历 学位 | | | | | | | | | | | 毕业院校  系及专业 | | | | | |  | | | |
|
| 在 职  教 育 | | | | | 学历 学位 | | | | | | | | | | | 毕业院校系及专业 | | | | | |  | | | |
| 编制类型 | | |  | | | | | | | | | | | | | | | 联系电话 | | | | | |  | | | |
| 编制所在单位及职务 | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 学习  及  工作  简历 | 起止年月 | | | | | | | | | | 单位及职务（自全日制大中专院校学习起填） | | | | | | | | | | | | | | | | |
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| 报  名  人  意  见 | 本人承诺：上述内容已经本人认真审阅，填写真实无误。如有虚假或错误，本人愿意承担一切责任。  签名：  年 月 日 | | | | | | | | | | | | | | | | | 单位党组  （党委）  意 见 | | | | | | (盖章)  年 月 日 | | | |