**附件2 报名序号：**

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| **大理州2017年州级事业单位公开选调工作人员报名登记表** | | | | | | | | | | | | | | | | | | | |
| **姓 名** | |  | | **性 别** | | |  | **民 族** | | | | |  | | | | | **照片** | |
| **籍 贯** | |  | | **出生年月** | | |  | | | **参加工 作时间** | | | | |  | | |
| **健康**  **状况** | |  | | **文化程度** | | |  | | | | | **政治面貌** | | |  | | |
| **原单位工作年限** | |  | | | **专业技术职称** | | | | | | |  | | | | | |
| **居民身份证号码** | |  | | | | | | | | | | **联系电话** | | | | |  | | |
| **毕业院校及专业** | |  | | | | | | | | | | | | | | | | | |
| **现工作单位及职务** | |  | | | | | | | | | | | | **是否为在编在岗人员** | | | | |  |
| **选调岗位及代码** | | |  | | | | | | | | | | | | | | | | |
| **学习**  **工作**  **简历**  **(从读大**  **中专或**  **入伍时**  **开始填）** | **起 止 时 间** | | | | | **单 位 及 职 务** | | | | | | | | | | | | | |
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| **主要家**  **庭成员**  **及社会**  **关系** | **称 谓** | | **姓 名** | | | **出生年月** | | | | | **政治面貌** | | | | | **工作单位及职务** | | | |
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| **奖惩情况（时间、原因、种类）** |  | | | | | | | | | | | | | | | | | | |
| **近两年年度考 核情况** |  | | | | | | | | | | | | | | | | | | |
| **本人**  **意见** | **本人保证以上所填资料信息全部真实。**  **签名：**  **2017年 月 日** | | | | | | | | | | | | | | | | | | |
| **所在**  **单位**  **意见** | **负责人签字：**  **（公章）**  **2017年 月 日** | | | | | | | | **所在单位主管 部门 意见** | | | | **负责人签字：**  **（公章）**  **2017年 月 日** | | | | | | |
| **选调**  **单位**  **资格**  **审查**  **意见** | **（公章）**  **2017年 月 日** | | | | | | | | **组织、人社部门意见** | | | | **（公章）**  **2017年 月 日** | | | | | | |
| **备注** | **１.填写工作单位及职务要具体；**  **２.简历请从大中专学习或入伍时填起；**  **３.“本人意见”栏必须由报名人亲笔签名，“所在单位意见和主管部门意见”栏需经单位领导同意报名，签字并盖章；**  **４.本表使用A4纸双面打印后填写两份，选调单位一份，报名者本人一份。** | | | | | | | | | | | | | | | | | | |