灵璧县机关事业单位养老保险管理中心选调工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 | |  | | | 身份证号 | |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |  |  | |  |  | 贴  照  片  处 |
| 性别 | |  | | | 民族 | |  | | | | 健康状况 | | |  | | | | | 政治面貌 | | | |  | | | | | |
| 出生日期 | | | | |  | | | | | | | | | 参加工作时间 | | | | |  | | | | | | | | | |
| 工作单位 | | | | |  | | | | | | | | | 从事工作 | | | | |  | | | | | | | | | |
| 基础学历 | | |  | | | 毕业院校 | | | | |  | | | | | | | | 毕业时间及专业 | | | | | | |  | | | |
| 最高学历 | | |  | | | 毕业院校 | | | | |  | | | | | | | | 毕业时间及专业 | | | | | | |  | | | |
| 近年来考核情况 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联系电话 | | |  | | | | | | | | 家庭住址 | | | | | |  | | | | | | | | | | | | |
| 个人简历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。  本人签名：    年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位意见 | | | |  | | | | | | | | | | | 主管部门  意见 | | | | | |  | | | | | | | | |
| 考察组意见 | | | |  | | | | | | | | | | | 人社局党组意见 | | | | | |  | | | | | | | | |

年 月 日