附件

永康市专职两新党务工作者报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | 性别 | | | |  | | | | | 出生  年月 | | | | |  | | | （贴照片处） | | | | |
| 民族 |  | | | | | 籍贯 | | | |  | | | | | 入党时间 | | | | |  | | |
| 学历 | |  | | | | | | | | 联系方式 | | | | |  | | | | | | | |
| 毕业院校及专业 | |  | | | | | | | | | | | | | | | | | | | | |
| 身份证号  证号 | |  | |  |  | |  | |  |  |  |  | | | |  |  |  | |  |  |  |  | |  |  |  |
| 党务工作年限 | | | |  | | | | | | 特长 | | | | | |  | | | | | | | | | | | |
| 组织关系所在党支部 | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 重大疾病、传染病史 | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 主要学习简历（从高中起按顺序写） | | | 时间 | | | | | | | 学校 | | | | | | | | | | | | | | 专业 | | | |
| 年 月—  年 月­­­ | | | | | | |  | | | | | | | | | | | | | |  | | | |
| 年 月—  年 月 | | | | | | |  | | | | | | | | | | | | | |  | | | |
| 年 月—  年 月 | | | | | | |  | | | | | | | | | | | | | |  | | | |
| 工作经历 | | | 时间 | | | | | | | 工作单位 | | | | | | | | | | | | | | 职务 | | | |
| 年 月—  年 月­­­ | | | | | | |  | | | | | | | | | | | | | |  | | | |
| 年 月—  年 月 | | | | | | |  | | | | | | | | | | | | | |  | | | |
| 年 月—  年 月 | | | | | | |  | | | | | | | | | | | | | |  | | | |
| 年 月—  年 月 | | | | | | |  | | | | | | | | | | | | | |  | | | |
| 家庭成员及主要社会关系 | | | 姓名 | | | | | | | 关系 | | | | 出生年月 | | | | | 工作单位或家庭住址 | | | | | | | | |
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本人已详细阅读及理解本次招聘的相关公告，并如实填写上述内容。若上述内容经查实存在伪造、瞒报或欺骗行为，本人愿承担一切后果。

报名人（签字）： 报名时间： 年 月 日