附件：

隆昌市民政局社会福利和救助中心公开考调工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | |  | | **性别** | |  | | **出生日期** | | |  | | 照  片  （1寸） | |
| **籍贯** | |  | | **民族** | |  | | **政治面貌** | | |  | |
| **参加工**  **作时间** | |  | | **健康**  **状况** | |  | | **婚姻状况** | | |  | |
| **现单位及职务** | | |  | | | | | | | | | | | |
| **身份证号** | | |  | | | | | | | **联系电话** | |  | | |
| **学历**  **学位** | **第一学历** | | |  | **院校及专业** | | | | |  | | | | |
| **最后学历** | | |  | **院校及专业** | | | | |  | | | | |
| **个**  **人**  **简**  **历** | |  | | | | | | | | | | | | |
| **家庭主要成员情况** | | **关系** | | **姓名** | | | **政治**  **面貌** | | **工作单位及职务** | | | | | |
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| **主要**  **工作**  **业绩** | |  | | | | | | | | | | | |
| **奖惩**  **情况** | |  | | | | | | | | | | | |
| **所在**  **单位**  **意见** | | （盖章）  审核人签字：年月日 | | | | | | | | | | | |
| **主管**  **部门**  **意见** | | （盖章）  审核人签字：年月日 | | | | | | | | | | | |