附件：

通榆县残疾人综合保障中心公开选调事业编制工作人员报名表

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| 姓名 |  | | | | 性别 | | |  | | | 民族 | | |  | | | |  | | | | |
| 出生年月 |  | | | | 籍贯 | | |  | | | 健康状况 | | |  | | | |
| 政治面貌 |  | | | | 入党时间 | | |  | | | 参加工作时间 | | |  | | | |
| 毕业院校 |  | | | | | | | | | | 所学专业 | | |  | | | | | | | |
| 学历 |  | | | | | | | | | | 学位 | | |  | | | | | | | |
| 身份证号码 |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |
| 工作单位  及职务 |  | | | | | | | | | | | | | 职称 | | |  | | | | |
| 联系电话 | |  | | | | | | | | | | | | | | | | | | | |
| 学  习  及  工  作  简  历 | （主要学习工作经历） | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| 近两年奖惩情况及年度考核结果 |  | | | | |
| 家庭主要成员及  重要社会关系 | 称谓 | 姓名 | 出生年月 | 政治面貌 | 工作单位及职务 |
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| 是否与通榆县残疾人联合会负责人员有夫妻、直系血亲、三代以内旁系血亲和近姻亲关系 | | |  | | |
| 工  作  业  绩 |  | | | | |