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| 附件  **嘉兴市秀洲区人力资源和社会保障局下属事业单位(参公)公开选调工作人员报名表**  报考岗位： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 |  | | | | 身份证号 | |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  | |  |  |  | | 贴  一寸近照 |
| 民 族 |  | | | | 性别 | |  | | | | | | | 政治面貌 | | | | | |  | | | | | | | | |
|
| 籍 贯 |  | | | | 家庭住址 | |  | | | | | | | 婚姻状况 | | | | | |  | | | | | | | | |
|
| 现工作单位及  职务（或岗位） | | |  | | | | | | | | | | | | | | | | | 编制类型及何时取得该编制 | | | | | | | |  | |
| 学历  学位 | | 全日制教育 |  | | | 毕业院校系及专业 | | | | | | |  | | | | | | | | | | | | | | | | |
| 在职  教育 |  | | | 毕业院校系及专业 | | | | | | |  | | | | | | | | | | | | | | | | |
| 移动电话 | |  | | | | | 固定电话 | | | | | |  | | | | | | | Email | | | | | |  | | | |
| 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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| 历年考核及奖惩情况 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 学习、工作简历**（需写明具体工作岗位和工作内**容**）** | | 从高中开始 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 所在单位  （主管部门）  意 见 | | XXX同志为我单位行政（参公）编制人员，经研究，同意其报名参加嘉兴市秀洲区人力资源和社会保障局公开选调。  （盖章）  年 月 日 | | | | | | | | | | | | | | | | | 资格初  审意见 | | | | | 年  年 月 日 | | | | | |