附件2：

2020年六盘水市社科联下属事业单位六盘水市社科院

公开遴选工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | |  | | | | **性别** | | |  | | | | | | | **民族** | | | | | |  | | | | | **照片** |
| **身份证号** | |  | | | | | | | **出生日期** | | | | | | | | |  | | | | | | | | |
| **政治面貌** | |  | | | | | | | **户籍所在地** | | | | | | | | |  | | | | | | | | |
| **学历** | |  | | | | **学位** | | |  | | | | | | **毕业时间** | | | | | | |  | | | | |
| **所学专业具体名称** | | |  | | | | | | | | | **毕业院校** | | | | | | | |  | | | | | | | |
| **工作单位** | |  | | | | | | **工作年限** | | | | |  | | | | | | | | **参加工作时间** | | | | |  | |
| **专业职称** | | | | |  | | | | | | | | | **专业职务** | | | | | | | |  | | | | | |
| **职业（从业）资格证** | | | | |  | | | | | | | | | | | | **本人电话** | | | | | |  | | | | |
| **是否满足该职位要求的其它报考条件** | | | | | | | | | | |  | | | | | | | | **紧急联系人电话** | | | | | |  | | |
| **主要简历**  **（从高中开始填写）** | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **报考信息确认栏** | | | 以上填写信息均为本人真实情况，若有虚假、遗漏、错误，责任自负。  考生签名： 代报人员签名： | | | | | | | | | | | | | | | | | | | | | | | | |
| **所在单位党委（组）意见** | 2020年 月 日（盖章） | | | | | | **县区组织人事部门意见** | | | 2020年 月 日（盖章） | | | | | | | | | | | | **遴选单位**  **审查意见** | | 审查人签字：  2020年 月 日（盖章） | | | |

**注：**此表由报考人员填写，签名手写，需经所在单位党委（组）和县区组织人事部门审核盖章。遴选单位审查意见栏内，须体现审查意见，盖章原件由遴选单位妥善留存。