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| 莲花县社保局公开选调工作人员报名表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 姓  名 |   | 性别 |   | 出生年月 |   | 相片 |
| 身份证号 |   | 民族 |   |
| 参加工作时间 |   | 政治面貌 |   | 籍贯 |   |
| 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 |   |
| 现工作单位及职务    |   | 职称 |   |
| 近三年度考核结果 | 2017年 |   | 2016年 |   | 2015年 |   |
| 家庭住址 |   | 联系电话 |   |
| 个  人   简  历 | 年月 —— 年月 | 工作（学习）单位 | 所从事工作（学习） |
|   |   |   |
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|   |   |   |
|   |   |   |
| 单位推荐意见 |               盖章                       年  月  日 | 本人承诺 | 以上信息填报真实无误，如有隐瞒或虚假，取消选调资格。  本人签名： |
| 资格审查意见 |                        盖章 年   月  日 |

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