**德阳市残联公开选调事业单位工作人员报名资格审查表**

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| 姓名 | |  | 身份  证号 |  |  |  |  |  | |  | |  |  |  | |  |  |  |  | |  |  | |  |  |  |  | | | |
| 出生年月 | |  | 性别 |  | | | 民族 | | | |  | | | | 政治  面貌 | | | | |  | | | | | | | 近期免冠  一寸彩照 | | | |
| 参加工作时间 | |  | 健康状况 |  | | | 身高 | | | |  | | | | 特长 | | | | |  | | | | | | |
| 籍贯详址 | |  | | | | | | | | | | | | | 户口  所在地 | | | | |  | | | | | | |
| 毕业院校 | |  | | | | | | | 毕业时间 | | | | | |  | | | | | | | | 学历学位 | | | | |  | | |
| 专业技术职称类别 | |  | | | | | | | 取得职称时间 | | | | | |  | | | | | | | | 职称等级 | | | | |  | | |
| 联系地址  电子邮箱 | |  | | | | | | | 移动电话 | | | | | |  | | | | | | | | | | | | | | | |
| 现工作单位及职务 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个  人  简  历 | 起止年月 | | 所在单位名称 | | | | | | | | | | | | 职 务 | | | | | | | | 证 明 人 | | | | | | | 备 注 |
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| 家庭  成员 | 与本人关系 | | 姓 名 | | | | | | | | | | | | 政治面貌 | | | | | | | | 工作单位 | | | | | | | |
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| 奖惩情况 | | | （如实填写参加工作以来的奖惩情况，包括奖励名称、授予单位及时间） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否具有2年及以上基层工作经历，且连续2年年度考核为称职以上，具备在教育系统从事一线教学工作经历 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 是否具有《公告》规定的不得参加选调的情形 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **本人声明：上述填写内容真实完整。如有不实，本人愿承担全部责任。**  报名人签名：　　　　　　　　　　　　　　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位  意见 | | **经核实，此表所填信息真实准确。**  **经我单位研究，同意参加选调。**  （按人事管理权限，由所在单位盖章）    年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格复审意见 | | 主管部门（用人单位）意见：  复审人签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |