附件2

迁西县2023年公开招聘公安劳务派遣工作人员

报名审核表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | | 出生年月 | | |  | | | | | | | 照 片  （自行粘贴） | |
| 性 别 |  | | 身份证号 | | | | |  | | | | | | | | |
| 现居住地 | | |  | | | | | | | | | | | | | |
| 籍 贯 | | |  | | | | | | | 政治面貌 | | | |  | | |
| 学 历 | |  | | | | 专 业 | | | | |  | | | | | | | |
| 学 位 | |  | | | | 毕业院校及毕业时间 | | | | |  | | | | | | | |
| 报考岗位 | |  | | | | | | | | | | | | | | | | |
| 档案何处收存 | | | | | |  | | | | 本人联系电话 | | | | | |  | | |
| 学习工作简历（从初中开始） | | | | | | | | | | | | | | | | | | |
| 自何年何月 | | | 至何年何月 | | | | | 在何处学习（工作） | | | | | | | | | | 证明人 |
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| 家庭  主要  成员  及主  要社  会关  系 | | | | 称 谓 | | | 姓 名 | | | 年龄 | | 工作单位及职务 | | | | | | |
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| 个人承诺 | | | 本表所填写的信息准确无误，所提交的证件、资料和照片真实有效，若有虚假，所产生的一切后果由本人承担。  报名人签名（手写）： 年 月 日 | | | | | | | | | | | | | | | |
| 身高 | | |  | | | | | | 语言表达能力测试结果 | | | |  | | 测试人签字 | | | |
|  | | | |
| 初审意见：  初审人签字：  年 月 日 | | | | | | | | | | 复审意见：  复审人签字：  年 月 日 | | | | | | | | |
| 备注 | | | | |  | | | | | | | | | | | | | |