附件2：

**福州市晋安区2019年区属学校校级副职干部**

**公开竞聘报名表**

报考岗位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓　名 | | |  | | | | 性　别 | | |  | | | | 出生年　月（岁） | | |  | | | | | | | 照  片 | | |
| 民　族 | | |  | | | | 籍　贯 | | |  | | | | 出生地 | | |  | | | | | | |
| 参加工  作年月 | | |  | | | | 入　党  年　月 | | |  | | | | 健　康  状　况 | | |  | | | | | | |
| 身份  证号 | | |  | | | | | | | | | | | | | | | | | | | | |
| 毕业时间、院校系及专业 | | | 全日制  教 育 | | |  | | | | | | | | | | | | 学　历  学　位 | | | | |  | | | |
| 在 职  教　育 | | |  | | | | | | | | | | | | 学　历  学　位 | | | | |  | | | |
| 工作单位及  现任职务 | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 现任职级 | | | |  | | | | | 任现职级 时 间 | | | |  | | | | | | 任前一职级  时　　间 | | | | | |  | |
| 专业技术职务任职资格 | | | |  | | | | | | | | | 获得时间 | | | | | |  | | | | | | | |
| 聘任单位、  聘任级别、  聘任时间 | | | | | |  | | | | | | | |
| 联系电话 | | | | 手机：　　　　 邮箱： | | | | | | | | | | | | | | | | | | 熟悉专业有何专长 | | | |  |
| 通讯地址 | | | |  | | | | | | | | | | | 邮政编码 | | | | | |  | | | | | |
| 个  人  简  历 | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 近五年奖  惩情  况 | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 近三年年度  考核情况 | | | | | 2015-2016学年 | | | | | | | 2016-2017学年 | | | | | | | | 2017-2018学年 | | | | | | |
|  | | | | | | |  | | | | | | | |  | | | | | | |
| 家庭主要成员及  主要社会关系 | 称谓 | | | | 姓　名 | | | 出生年月 | | | 政治面貌 | | | | | 工作单位及职务 | | | | | | | | | | |
| 配偶 | | | |  | | |  | | |  | | | | |  | | | | | | | | | | |
| 子女 | | | |  | | |  | | |  | | | | |  | | | | | | | | | | |
| 子女 | | | |  | | |  | | |  | | | | |  | | | | | | | | | | |
| 父亲 | | | |  | | |  | | |  | | | | |  | | | | | | | | | | |
| 母亲 | | | |  | | |  | | |  | | | | |  | | | | | | | | | | |
| 公公  （岳父） | | | |  | | |  | | |  | | | | |  | | | | | | | | | | |
| 婆婆  （岳母） | | | |  | | |  | | |  | | | | |  | | | | | | | | | | |
| 报考人员承诺 | 本人承诺以上个人信息属实，如有不实之处，愿意承担相应责任。    报名人员签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在单位党政组织意见 | （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查意见 | （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |

注：此表正反面A4打印，一式三份。