附件2

广州市南沙区劳动人事争议仲裁院公开选调事业编制

工作人员报名登记表

编号

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| 姓　名 |  | | | 性别 | | |  | | | | | 出生年月 | | | | | | | | 年 月 日 | | | | | | | | | | 贴近期大一寸  正面免冠  彩色相片 | | | | | | | | | |
| 籍　贯 |  | | | 民族 | | |  | | | | | 工作时间 | | | | | | | | 年　月 | | | | | | | | | |
| 政治面貌 |  | | | | | | 参加党派时间 | | | | | | | | | | 年　 月 | | | | | | | | | | | | |
| 工作单位 |  | | | | | | | | | | | | 编制类别 | | | | | | | |  | | | | | | | | |
| 岗位性质 |  | | | | | | | | | | | | 岗位等级 | | | | | | | | |  | | | | | | | |
| 任现职时间 | 年 月 日 | | | | | | 任现职级时间 | | | | | | | | | | 年 月 日 | | | | | | | | | | | | |
| 学历学制 |  | | 学 位 | | | |  | | | | | | | | | | 职称系列及级别 | | | | | | | | | | | | |  | | | | | | | | | |
| 住宅电话 |  | | | | 手机 | | | |  | | | | | | | | | | | | | | | 单位电话 | | | | | |  | | | | | | | | | |
| 通讯地址 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 邮政编码 |  | 身份证号码 | | | | | |  | |  |  | | |  | |  | |  |  | | | |  | |  | |  | |  | |  |  |  | | |  |  |  |  |
| 大学专科以上学习经历 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | 毕业院校 | | | | | | | | | | | | | | 所学专业 | | | | | | | | | | | 学制及学习形式 | | | | | | | | | 学历 | | | | |
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| 主要工作经历 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | 工作单位及职务（级别） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 何时何地  受过何种  奖励或处分 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭成员及主要社会关系 | 姓 名 | | 年龄 | | | 工作单位及职务 | | | | | | | | | | | | | | | | | | | | | | 政治面貌 | | | | | | 与本人关系 | | | | | |
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| 本人签名 | 本人充分了解广州市南沙区劳动人事争议仲院公开选调事业编制人员岗位条件，并确认本人符合选调条件，以上所填资料情况属实。  签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 填 表 说 明 | 1、编号：考生报名填表时不填，由选调单位在报名结束后填上。  2、工作单位：工作单位要填全称，职务要具体到何科室。  3、编制类别：事业编制（公益一类）、参公管理、其他（需说明）  4、岗位性质：管理岗位、专业技术岗位、其他（需说明）  5、学历：按所受教育已取得最高学历填写。未取得“学历证明”之前，仍按原学历填写，须注意“XX在读”“大专证书”、“XXX课程进修班结业”等均不能作为学历填写。  6、学制及学习形式填写“全日制”、“在职”、“半脱产”、“全脱产”等。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |