附件2：

2019年江山市医疗保障局公开选调机关公务员报名表

选调单位： 选调职位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | 身份证号 |  |  |  |  |  | | |  |  | |  |  |  | |  |  |  |  |  |  |  |  | 贴  二  寸  近  照 |
| 性 别 | |  | | 民 族 |  | | | | | | | | | 何时参加何 党 派 | | | | | |  | | | | | | |
| 户口所在地（县、乡） | |  | | 婚姻状况 |  | | | | | | | | | 身体状况 | | | | | |  | | | | | | |
| 参加工  作时间 | |  | | 单位性质 |  | | | | | | | | | 个人身份 | | | | | |  | | | | | | |
| 学历学位 | | | 全日制毕业院校、专业 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 在职教育毕业院校、专业 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 现工作单位 | | |  | | | | | | | 现岗位  及职务 | | | | | | | |  | | | | | | | | | |
| 固定电话 | | |  | | | | | | | 移动电话 | | | | | | | |  | | | | | | | | | |
| 主  要  简  历 | （从高中毕业后开始填写） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在  单位及主管部门党组织意见 | （盖章）  年 月 日 | | | | | | | | | | 选调  单位  审核  意见 | | | | | | 年 月 日 | | | | | | | | | | |
| 组织  人事  部门  审核  意见 | | | | | | 年 月 日 | | | | | | | | | | |