附件

公开选调运城市红十字会工作人员报名表

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| 姓　　名 |  | | 性　　别 | | |  | 出生年月 | | |  | | 照片 |
| 政治面貌 |  | | 入党时间 | | |  | 民　　族 | | |  | |
| 身份证号 |  | | | | | | | | | | | |
| 手　　机 |  | | | | | | | | | | | |
| 学历学位 | 全日制教育 | | |  | | | | | 毕业院校  及专业 | |  | |
| 在职教育 | | |  | | | | | 毕业院校  及专业 | |  | |
| 家庭主要成员和重要社会关系 | | | | | | | | | | | | |
| 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 |  |  | | |  | | |  | | | | |
| 岳父/公公 |  |  | | |  | | |  | | | | |
| 岳母/婆婆 |  |  | | |  | | |  | | | | |

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| 个人简历 | | | | | | | |
| 起始时间 | | 工作单位职务 | | | | 业务描述 | |
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| 工作期间获得何种奖励 | | | | | | | |
|  | | | | | | | |
| 其他 | | | | | | | |
| 有无宗教信仰 |  | | | 是否参加民主党派 | | |  |
| 遗传病史 |  | | | 其他需要说明的情况 | | |  |
| 我郑重承诺以上填报信息真实准确，如上述信息虚假不实，  愿意承担由此造成的一切责任和后果。 | | | | | | | |
| 本人签字： | | | 报名日期 | | 年 月 日 | | |