附件

宜宾县2018年“两新”组织专业化党务干部报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | 性别 | |  | | 民族 | |  | | 照片 |
| 籍贯 | |  | | | | 出生年月 |  | | 入党时间 | |  | |
| 健康状况 | |  | | | | 婚姻状况 |  | | 参加工作  时间 | |  | |
| 身份证号码 | | | | | |  | | | 联系电话 | |  | | |
| 毕业院校及专业 | | |  | | | | | | | | | | |
| 文化程度 | | |  | | | | | | | | | | |
| 现工作单位  及职务 | | |  | | | | | | | | | | |
| 家庭住址 | | |  | | | | | | | | | | |
| 工  作  简  历 | 起止时间 | | | | | | 工作单位及职务（职级） | | | | | | |
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| 主  要  家  庭  成  员 | 称谓 | | | 姓名 | | | | 政治面貌 | | 出生年月 | | 工作单位及职务 | |
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| 本  人  承  诺 | 以上填写信息属实，如有弄虚作假，本人愿意承担一切后果。  承诺人：  年 月 日 | | | | | | | | | | | | | |
| 备注 |  | | | | | | | | | | | | | |