附件2

甘孜州网络安全应急指挥中心2023年公开考试遴选

工作人员报名信息表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **姓 名** |  | | | | | | **性别** | |  | | | **出生年月** | | | |  | | | | 照  片 | | |
| **出生地** |  | | | | | | **民族** | |  | | | **政治面貌** | | | |  | | | |
| **参加工作时间** |  | | | | | | **入党时间** | | | | |  | | | | | | | |
| **毕业院校** |  | | | | | | | | | | | | | | | **学历** | | | |  | | |
| **所学专业** |  | | | | | | | | | | | | | | | **是否具备岗位特殊要求** | | | |  | | |
| **参加工作方式** |  | | | | | | | | | | | | | | | | | | | | | |
| **户籍所在地** | **省（区）市 (州)（区）县** | | | | | | | | | | | | | | | | | | | | | |
| **身份证号码** |  |  |  |  |  |  | |  | |  |  | |  |  |  | |  |  |  |  |  |  |
| **现工作单位及**  **职务、职称** |  | | | | | | | | | | | | | | | | | | | | | |
| **通讯地址** |  | | | | | | | | | | | | | | | | | | | | | |
| **固定电话** |  | | | | | | **移动电话** | | | | |  | | | | | | | | | | |
| **报考单位** |  | | | | | | | | | | | | | | | | | | | | | |
| **报考岗位** |  | | | | | | | | | | | | | | | | | | | | | |
| **岗位编码** |  | | | | | | | | | | | | | | | | | | | | | |
| **个**  **人**  **简**  **历** |  | | | | | | | | | | | | | | | | | | | | | |

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| **受奖惩情况** | |  | | |
| **家**  **庭**  **成**  **员** | **称 谓** | **姓 名** | **基 本 情 况** | |
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| **工作单位意见** | （  （盖章）  年 月 日 | | **主管**  **部门**  **意见** | （  （  （  （盖章）  年 月 日 |
| **组织（人社）部门意见** | （盖章）  年 月 日 | | | |
| **资格审查意见** | （盖章）  年 月 日 | | | |

**注：“工作单位意见”“主管部门意见”“组织（人社）部门意见”栏，按干部管理权限，由相关单位（部门）进行审查，签署是否同意参加考调的意见，并加盖印章。**