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| **附件2：** | |  |  | |  |  |  |
| **色达县2022年公开考聘员额备案制专技人员** | | | | | | | |
| **姓名** |  | **性别** |  | | **出生年月** |  | **1寸免冠 寸照** |
| **籍贯** |  | **婚姻状况** |  | | **健康状况** |  |
| **学历** |  | **毕业学校** |  | | **所学专业** |  |
| **身份证号码** | |  | | | **家庭地址** |  | |
| **报考岗位** | |  | | | | | |
| **是否符合加分条件** | |  | | **加分值** | |  | |
| **加分资格证书名称** | |  | | **证书等级** | |  | |
| **联系电话1** | |  | | **联系电话2** | |  | |
| **主要家庭成员关系** | | | | | | | |
| **姓名** | | **与本人关系** | | **政治面貌** | | **工作单位及职务** | |
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| **本人主要学习简历** | |  | | | | | |
| **本人郑重承诺：以上填表内容真实准确，如有弄虚作假等不符合考聘条件的行为，本人愿意承担一切后果，自动放弃本次考聘。  承诺人（签字捺印）：** | | | | | | **审核结果：** | **审核人：** |