附件

工会社会化工作者报名登记表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 | | |  | | 文化 程度 | | |  | | 政治 面貌 |  | | | 贴本人照片 |
| 户籍住址 |  | | | | | | | | | | 毕业 院校 | |  | | | |
| 现居住地址 |  | | | | | | | | | | 所学 专业 | |  | | | |
| 婚姻 状况 |  | 身高 | | |  | | 体重 | |  | | 健康 状况 | |  | | | |
| 身份证 号码 |  | | | | | | | | | | 联系电话 | |  | | | | |
| 报考岗位 |  | | | | | | | | | | | | | | | | |
| 工作经历  及获奖情况 |  | | | | | | | | | | | | | | | | |
| 家庭 成员 和 主要 社会 关系 | 姓名 | | | 关系 | | | | 工作单位 | | | | | | | | 联系电话 | |
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| **最近14天有无离渝旅居史，或与在渝新冠肺炎确诊病例有无接触史** | | | | | | | | | | | | | | |  | | |
| 报名者 承诺 | 以上信息填写真实有效。如发现不实，愿意承担相应后果和相关责任。    本人签名：  年　　月　　日 | | | | | | | | | | | | | | | | |
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| 资格审查初审意见 |  | | | | | | | | | 资格审查复审意见 | |  | | | | | |