附件2:

台江县2025年公开补招政府专职消防员报名登记表

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| 姓 名 |  | | | | 性 别 | |  | | | 籍 贯 | | | |  | | | | 1寸白底  电子照片 |
| 民 族 |  | | 出 生  年月日 | |  | | | | | 政治面貌 | | | |  | | | |
| 身份证号 |  | | | | | | | | | 学 历 | | | |  | | | |
| 学 位 |  | | | 毕业  学校及专业 | |  | | | | | | | | | | | |
| 现工作单位及岗位 |  | | | | | | | | | | 参加工作时间 | | | | |  | | |
| 户籍地址 |  | | | | | | | | | | 电话号码 | | | | |  | | |
| 常住地址 |  | | | | | | | | | | 备用联系  人及电话 | | | | |  | | |
| 微信 |  | | | | 健康状况 | | |  | | | | 婚否 | | | | | 是□ 否□ | |
| 个   人  简   历  （高中  及以  后） | 何年何月至何年何月 | | | | 在何地学习或工作 | | | | | | | | | | | | | 职 务 |
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| 报考岗位 | |  | | | | | | | 是否服从调剂 | | | | 是□  否□ | | （如果是，拟服从调剂至哪个岗位） | | | |
| 相关职业资格  证书和荣誉证书 | |  | | | | | | | | | | | | | | | | |
| 个人爱好及特长 | |  | | | | | | | | | | | | | | | | |
| 本人承诺 | | 本人保证报名所填写的信息准确无误，所提交的证件、资料和照片真实有效，若有虚假，所产生的一切后果由本人承担。  报名人（签名）：  XXXX年XX月XX日 | | | | | | | | | | | | | | | | |