**附件2：浙江省余杭强制隔离戒毒所特保人员招聘报名表**

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| **姓 名** | |  | | | **性别** | |  | | | **报考职位** |  | | | **出生日期** | |  |
| **民 族** | |  | | | **学历** | |  | | | **身高（cm）** |  | | | 贴两寸  照片  （彩色免冠） | | |
| **籍 贯** | |  | | | **婚姻状况** | |  | | | **政治面貌** |  | | |
| **身份证 号码** | |  | | | | | | | | | | | |
| **毕业院校系及专业** | |  | | | | | | | | | | | |
| **户籍地址** | |  | | | | | | | | | | | | | | |
| **现住址** | |  | | | | | | | | | | | | | | |
| **有何特长** | |  | | | | | | | | | | | | | | |
| **联系电话** | |  | | | | | | | | | **是否服**  **从调剂** | | □是 □否 | | | |
| **是否从事过协辅警工作** | | | | | | | □是 □否 | | | | **是否警校、政法类毕业生，退役军人** | | | | □是 □否 | |
| **学习及工作简历（从最后一段学习经历开始填写）** | | **起止年月** | | | | | | **学习/工作单位** | | | | | **专业/职务** | | | |
| 例：1997.8-2000.6 | | | | | | \*\*大学 | | | | | 会计学 | | | |
| 例：2000.8-2003.6 | | | | | | \*\*有限公司 | | | | | 经理\会计 | | | |
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| **自我描述和评价（300字以内）** | |  | | | | | | | | | | | | | | |
| **家庭成员及近亲属情况** | **称谓 （关系）** | | | **姓名** | | **出生年月** | | | **政治面貌** | | | **现工作单位或家庭住址** | | | | |
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| **本人承诺** | | | 本人承诺上述填写内容和提供的相关材料、证件均真实有效。若有虚假，作自愿放弃考试处理。同时，本人保证严格遵守招聘有关程序和国家有关法规，服从招聘工作安排和各项管理分配。  本人签名： 日期： | | | | | | | | | | | | | |
| **资格审查** | | | 审查人： 日期： | | | | | | | | | | | | | |