附件3

政府专职消防员报名登记表

登记日期： 年 月 日

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| 姓 名 |  | | | | | 性 别 | | | | | | |  | | | | | 出生年月 | | | | | | |  | | | | | 照  片 | | | | | |
| 民 族 |  | | | | | 籍 贯 | | | | | | |  | | | | | 政治面貌 | | | | | | |  | | | | |
| 学 历 |  | | | | | 职 称 | | | | | | |  | | | | | 婚姻状况 | | | | | | |  | | | | |
| 身 高 | CM | | | | | 体 重 | | | | | | | Kg | | | | | 驾照及驾龄 | | | | | | |  | | | | |
| 个人特长 |  | | | | | | | | | | | | | | | | | 是否存在其他劳动关系 | | | | | | |  | | | | | | | | | | |
| 家庭地址 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现居住地 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号 |  |  | |  | | |  | |  | |  | | |  | |  | | |  | |  | |  | | |  |  | |  | |  |  | |  |  |
| 社保  起止时间 |  | | | | | | | | | | | | | | | | | 单位户或个人户社保号 | | | | | | |  | | | | | | | | | | |
| 本人及家人联系电话 |  | | | | | | |  | | | | | | | | | | 微信/QQ | | | | | | |  | | | | |  | | | | | |
| 教  育  经  历 | 时 间 | | | | | | | | | | | 学校名称 | | | | | | | | | | | | | | | | | | 专 业 | | | | | |
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| 工  作  经  历  （含服役、培训等） | 时 间 | | | | | | | | | | | 单位名称 | | | | | | | | | | | | | | | | | | 职 位 | | | | | |
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| 奖  惩  情  况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 配偶  信息 | 姓名 | |  | | | | | | | | | | | 出生年月 | | | | | | 年 月 | | | | | | | | 结婚  时间 | | 年 月 | | | | | |
| 工作单位 | |  | | | | | | | | | | | | | | | | | | | | | | | | | 职务 | |  | | | | | |
| 子  女  情  况 | 姓名 | |  | | | | | 出生年月 | | | | | | | 年 月 | | | | | | | 性别 | |  | | | | 所读  学校 | |  | | | | | |
| 姓名 | |  | | | | | 出生年月 | | | | | | | 年 月 | | | | | | | 性别 | |  | | | | 所读  学校 | |  | | | | | |
| 姓名 | |  | | | | | 出生年月 | | | | | | | 年 月 | | | | | | | 性别 | |  | | | | 所读  学校 | |  | | | | | |
| 家  庭  其  他  成  员  情  况 | 亲属关系 | | | | 姓名 | | | | | 出生年月 | | | | | | | 工作单位 | | | | | | | | | | | | | | | | 职务 | | |
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| 择业地区 |  | | | | | | | | | | | | | | 是否服从调剂 | | | | | | | | | | | | | | | | | |  | | |
| 说 明 | 本人郑重承诺，以上个人资料真实可信，如有虚假，本人愿意接受单位辞退处理，并承担一切法律责任。  签 名： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |