附件1：

政府专职消防员报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | 性别 | | | | |  | | | | | 出生  年月 | | | |  | | | | | | 照片  （一寸） | |
| 身份证 |  |  |  | |  | |  | |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  | | |
| 民族 |  | | | | | 籍贯 | | | | |  | | | | | 宗教信仰 | | | |  | | | | | |  | |
| 婚姻状况 |  | | | | | 文化程度 | | | | |  | | | | | 联系电话 | | | |  | | | | | |
| 政治面貌 |  | | | | | 党/团时间 | | | | |  | | | | | 健康状况 | | | |  | | | | | | | |
| 常住地址 |  | | | | | | | | | | | | | | | | | | | 报考岗位 | | | | | |  | |
| 户籍地址 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 户籍性质 | 本市城镇（   ）、本市农村（   ）（勾选） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 教育经历 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | | | | | 学校名称/培训机构 | | | | | | | | | | | | 专业 | | | | | | 获得资格证书 | |
| 年  月—    年  月 | | | | | | | |  | | | | | | | | | | | |  | | | | | |  | |
| 年  月—    年  月 | | | | | | | |  | | | | | | | | | | | |  | | | | | |  | |
| 年  月—    年  月 | | | | | | | |  | | | | | | | | | | | |  | | | | | |  | |
| 年  月—    年  月 | | | | | | | |  | | | | | | | | | | | |  | | | | | |  | |
| 工作经历 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | | | | | 单位名称 | | | | | | | | | | | | | | | | | | 部门及职位 | |
| 年  月—    年  月 | | | | | | | |  | | | | | | | | | | | | | | | | | |  | |
| 年  月—    年  月 | | | | | | | |  | | | | | | | | | | | | | | | | | |  | |
| 年  月—    年  月 | | | | | | | |  | | | | | | | | | | | | | | | | | |  | |
| 家庭成员 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | | 关系 | | | | 工作单位 | | | | | | | | | | | | 职位 | | | | 联系电话 | | | 紧急联系人(勾选) |
|  | | | |  | | | |  | | | | | | | | | | | |  | | | |  | | |  |
|  | | | |  | | | |  | | | | | | | | | | | |  | | | |  | | |  |
|  | | | |  | | | |  | | | | | | | | | | | |  | | | |  | | |  |
| 部队服役情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受过何种奖励或处罚 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |

本人承诺以上所填情况真实有效，如与事实情况不符，本人将承担所有责任，并同意单位无条件解除劳动关系。

本人签名：                     填写日期：     年     月     日