**附件1：**

**专职消防员报名登记表**

填表日期： 年 月 日

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | 性 别 | | | |  | | 出生年月 | | |  | 照片 |
| 籍 贯 |  | | | | 民 族 | | | |  | | 政治面貌 | | |  |
| 入/退伍时间 |  | | | | 党(团)时间 | | | |  | | 文化程度 | | |  |
| 报名岗位 |  | | | | 居民身份证号码 | | | | |  | | | | | |
| 婚姻状况 |  | | 身高 | | |  | | 驾照种类 | | |  | | 户籍地 | |  |
| 家庭住址 |  | | | | | | | | | | | | | 联系电话 |  |
| 个  人  简  历 |  | | | | | | | | | | | | | | |
| 奖  惩  情  况 |  | | | | | | | | | | | | | | |
| 主要家庭成 员 | 称 谓 | | 姓 名 | | | | | 年龄 | | 政治面貌 | | 工作单位及职务 | | | |
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| 是否服从分配 | | □是 | | □否 | | | 个人声明 | | | 以上情况属实。本人确认签名： | | | | | |
| 资格审查意见 | | □ 初审符合应聘条件 □ 初审不符合应聘条件  审查日期： 审查人签名： | | | | | | | | | | | | | |