附件2

调剂申请表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 |  | 民族 | |  | | | | 籍贯 |  | | | 1  寸  照  片 | | |
| 出生  年月 |  | | | 政治面貌 | |  | | | 学历 | | | |  | | |
| 婚姻  状况 |  | | | 身体状况 | |  | | | 学位 | | | |  | | |
| 毕业院校系 |  | | | | 所学专业 | | | | | |  | | | | |
| 联系方式 | |  | | | | | 邮箱 | | | | | | |  | | | | |
| 教育及培训背景（从小学填起） | | 起止时间 | | | 学校 | | | | | 专业 | | | | | 学历 | | 学位 | 是否全日制 |
|  | | |  | | | | |  | | | | |  | |  |  |
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|  | | |  | | | | |  | | | | |  | |  |  |
| 主要简历  （何年何月至何年何月在何单位、何部门、任何职务） | | |  | | | | | | | | | | | | | | | |
| 奖惩情况 | | |  | | | | | | | | | | | | | | | |
| 承诺 | | | 本人提供的证书和个人证明材料如有虚假，自愿被取消调剂资格。  签名（加盖手印）：  年 月 日 | | | | | | | | | | | | | | | |