附件1

天门市专业技术职务水平能力测试

报 名 表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | **身份证**  **号 码** |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  | **贴**  **像**  **片**  **处** |
| **性 别** |  | | **现职级** |  | | | | | | | **最高学历** | | | | | |  | | | | | | |
| **所学专业** |  | | **毕 业**  **时 间** |  | | | | | | | **工作年限** | | | | | |  | | | | | | |
| **专业工作年限** | | |  | | | | | | | | **现 任 专**  **业 职 务** | | | | | |  | | | | | | |
| **任现职时间** | | |  | **工作单位** | | | | | | |  | | | | | | | | | | | | | |
| **单 位 性 质** | | |  | **单位代码** | | | | | | |  | | | | | | | | | | | | | |
| **存 档 单 位** | | |  | | | | | | | | | | | | | | | | | | | | | |
| **通 讯 地 址** | | |  | | | | | | | | | | | | | | | | | | | | | |
| **邮 政 编 码** | | |  | | | | | | | **联系电话** | | | | | |  | | | | | | | | |
| **测试代码** | | |  | | | | | | | **测试专业**  **名 称** | | | | | |  | | | | | | | | |
| **测试**  **方法** | **笔试** | | **测试**  **级别** | **中级** | | | | | |
| **单位人事部门意见** | | | | | | | | | | **职改部门审核意见** | | | | | | | | | | | | | | |
| **（盖 章）**  **年 月 日** | | | | | | | | | | **（盖 章）**  **年 月 日** | | | | | | | | | | | | | | |
| **备 注** | |  | | | | | | | | | | | | | | | | | | | | | | |