附件

文安县人民政府行政复议委员会委员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | **性别** | |  | | | | **出生日期** | | |  | | | **一寸**  **照片** |
| **籍贯** |  | **政治面貌** |  | | **身体状况** | | | | | |  | | | |
| **是否人大代表或政协委员** |  | | | | | **毕业院校**  **及专业** | | | | |  | | | | |
| **工作单位** |  | | | **职务（职称）** | | | |  | | | | | **学历学位** | |  |
| **联系电话** |  | | | **通讯地址** | | | |  | | | | | | | |
| **身份证号码** |  | | | | | | | **参加工作**  **时 间** | | | | | |  | |
| **专业技术资格证书号码** |  | | | | | | | | | | | | | | |
| **专业特长及**  **从业经历** |  | | | | | | | | | | | | | | |
| **学 习**  **工 作**  **简 历** |  | | | | | | | | | | | | | | |
| **从 事**  **法 律**  **事 务**  **工 作**  **情 况** |  | | | | | | | | | | | | | | |
| **本**  **人**  **意**  **见** |  | | | | | | **单**  **位**  **意**  **见** | | |  | | | | | |
| **报名**  **信息**  **确认** | **本人承诺：以上信息均为本人真实信息。**  **承诺人签名：**  **年 月 日** | | | | | | | | | | | | | | |