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| 姓名 |  | | | | 性别 | | |  | | | | | | | 政治  面貌 | | |  | | | | | 身份 | | | |  | | | | 照  片 | |
| 出生  年月 |  | | | | 民族 | | |  | | | | | | | 文化  程度 | | |  | | | | | 婚姻  状况 | | | |  | | | |
| 毕业  学校 |  | | | | | | | | | | | | | | | | | 所 学  专 业 | | | | |  | | | | | | | |
| 毕业  时间 |  | | | | 参加工作  时 间 | | | | |  | | | | | | | | 专业技术  职 称 | | | | |  | | | | | | | | 照  片 | |
| 随军时间 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现工作单 位 | |  | | | | | | | | | | | | | | | | 行 政  职 务 | | | | |  | | | | | | | |
| 身 份  证 号 | |  |  |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  | |  |  | |
| 通 讯  地 址 | |  | | | | | | | | | | | | | | | | | | 是否服从分配 | | | | | 是（请在右侧栏中划√） | | | | | | |  |
| 否（请在右侧栏中划√） | | | | | | |  |
| 邮 政  编 码 | |  | | | | | | | | | | | | | | | | 手机号码 | | | | |  | | | | | | | | | |
| 简历（从高中填起） | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 配偶  情况 | | 姓名 | |  | | | | | | | | | 职务 | | | | | |  | | | | | | | | | | | | | |
| 工作单位 | |  | | | | | | | | | | | | | | | | | | | | | | | 联系电话 | | |  | | |
| 符合随军进京条件，爱人为驻石景山区部队的现役军人，并且未领取自谋职业政府补助金，本人保证为此表所填事项的真实性负责。  　　　　　　　　　　　　　　　　　　　　　　　　　　考生签字： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |