附件1

　　财政监督行政执法检查辅助检查应聘人员推荐报名表

　　机构名称(盖章)：

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓 名 | 性别 | 出生年月 | 文化  程度 | 专业 | 工作经历 | | 职称或  执业资格 | 备注 |
| 参加工作时间 | 到本机构时间 |
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　　负责人(签字)： 联系人： 联系电话：