剑河县人民陪审员申请表

|  |  |  |  |  |  |  |  |  |  |  |  |
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| 推荐单位： | | | | |  |  | 填表时间： | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 姓 |  |  |  |  |  |  |  | 民 |  |  |  |
|  |  |  |  | 性别 |  | 年龄 |  |  |  |  |  |
| 名 |  |  |  |  |  |  |  | 族 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 籍 |  |  | 政治面貌 | |  |  | 入党（团） |  |  | 近期一寸 |  |
|  |  |  |  |  |  |  |  |  |  |
| 贯 |  |  |  |  |  |  | 时间 |  |  | 免冠照 |  |
| 身份证号码 | | |  |  |  |  | 健康状况 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 文化程度 | | |  |  |  | 毕业院校及专业 | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 参加工作时间 | | |  |  |  | 单位、职务及职称 | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 社会兼职 | | |  |  |  |  | 联系电话 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 通信地址及邮编 | | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 个 | |  |  |  |  |  |  |  |  |  |  |
| 人 | |  |  |  |  |  |  |  |  |  |  |
| 简 | |  |  |  |  |  |  |  |  |  |  |
| 历 | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 家庭成员及 | | | |  |  |  |  |  |  |  |  |
| 主要社会关系 | | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- |
| 所在单位或基层 |  |  |  |
| 群众性自治组织、 |  |  |  |
| 人民团体对申请 |  |  |  |
| 人表现评价 |  |  |  |
|  |  |  |  |
| 所在单位或基层 |  |  |  |
| 群众性自治组织、 |  |  |  |
| 人民团体意见 | 单位（盖章） | | |
|  | 年 | 月 | 日 |
|  |  |  |  |
| 申请人签名 |  |  |  |
|  | 年 | 月 | 日 |
|  |  |  |  |
| 选任机关 |  |  |  |
| 意见 | 单位（盖章） | | |
|  | 年 | 月 | 日 |
|  |  |  |  |

填表说明：“所在单位或基层群众性自治组织、人民团体意见”一栏由县（区、市）司法行政机关负责征询申请人所在单位或基层群众性自治组织、人民团体意见工作，由所在单位或基层群众性自治组织、人民团体填写意见。