**江西省药品检查员中心**

**2021年第三次公开招聘高层次人才报名及资格审查表**

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| **姓名** | |  | | | **性别** | | | |  | | | | | **出生年月** | | | |  | | | **（1寸免冠彩照）** | | | | | |
| **民族** | |  | | | **籍贯** | | | |  | | | | | **政治面貌** | | | |  | | |
| **身份证号** | |  | | | | | | | | | | **联系电话和电子邮箱** | | | | |  | | | |
| **第一学历和学位** | | |  | | | **毕业学校专业** | | | | |  | | | | | | | | | **毕业**  **时间** | | | | | |  |
| **最高学历和学位** | | |  | | | **毕业学校专业** | | | | |  | | | | | | | | | **毕业**  **时间** | | | | | |  |
| **现工作单位** | | | （现无工作单位者填写“无”，  应届生则填写应届生） | | | | | | | | | | | | **是否已为国家机关事业**  **单位正式编制人员** | | | | | | | **是**  **否** | | | | |
| **职务**  **（职称）** | | |  | | | | | **有何特长** | | | | |  | | | | | | **婚姻**  **状况** | | | | | |  | |
| **学习经历**  **（从大学经历填起）** | **起止时间**  **（年、月）** | | | | | | **毕业院校及专业** | | | | | | | | | | | | | | | | **学习阶段** | | | |
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| **工作经历** | **起止时间**  **（年、月）** | | | | | | **工作单位** | | | | | | | | | | | | | | | | **职务、职位** | | | |
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| **学习表现**  **或工作业绩**  **简介** | （此处为简介，请另以word格式撰写一份反映个人能力、学习表现或工作业绩的总结，字数限定在2000字以内） | | | | | | | | | | | | | | | | | | | | | | | | | |
| **获奖情况及资质证书**  **情况** |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **家庭主要**  **成员情况** | **关系** | | | **姓名** | | | | | | **年龄** | | | | | | **工作单位及职务** | | | | | | | | | | |
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| **本人承诺** | 我已经仔细阅读江西省药品检查员中心公开招聘高层次人才相关信息，理解其内容，符合应聘岗位条件要求。我郑重承诺：本人所提供的个人信息、证明资料、证件等真实、准确，并自觉遵守公开招聘各项规定；诚实守信、严守纪律和规定。对因提供有关信息证件不实或违反有关规定和承诺所造成的后果，本人自愿承担相关责任。  报考人员签名（手签）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |

...................................(以下为招考单位填写).........................................

**报考资格审核人（签名）：人事部门复审人（签名）：（章）年月日**