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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件1  盐都区疾控中心公开招聘劳务派遣医学检验人员报名表 | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | 性别 |  | 身份 证号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 出生年月 |  | 籍贯 | |  | | | 政治面貌 | | |  | | | | | | | | 电子照片 粘贴处 | | | | |
| 招聘单位 | 盐城市盐都区疾病预防控制中心 | | | | 岗位性质 | | | 劳务派遣合同工 | | | | | | | | | |
| 毕业时间 |  | | 毕业  院校 |  | | | | | | | | | | | | | |
| 学历 |  | 学 位 | | |  | | | | | | | 专 业 | | | |  | | | | | | |
| 联系地址 |  | | | | | | | | | | | 联系电话1 | | | |  | | | | | | |
|  | | | | | | | | | | | 联系电话2 | | | |  | | | | | | |
| 参工作时间 |  | | | | | | | | | | | 健康状况 | | | |  | | | | | | |
| 现工作单位 |  | | | | | | | | | | | 职 称 | | | |  | | | | | | |
| 个人简历  (从高中填写至现在) |  | | | | | | | | | | | | | | | | | | | | | |
| 与报考单位之间是否存有亲属回避关系 | | | | | | | | | | | | 是( ) 否( ) | | | | | | | | | | |
| 报考人员  承诺签名 | 1、本人已仔细阅读招聘公告等相关资料，承诺所填写的个人信息和所提供的资料真实准确，并符合招聘岗位条件的要求。如果由于填写个人信息或提供资料不准确、不真实而导致不能正常参加考评或取消聘用资格等情况，由本人承担全部责任。  2、本人保证在做好个人疫情防控工作的基础上，配合做好招聘单位疫情防控相关工作。如有违反，本人自愿承担相关责任、接受相应处理。  承诺人签字： 年 月 日 | | | | | | | | | | | | | | | | | | | | | |
| 审核意见 | 审核人签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | |
| 说明 |  | | | | | | | | | | | | | | | | | | | | | |