**附件2**

**广安市广安区疾病预防控制中心**

**招聘编外工作人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **姓 名** | |  | | | | | | | | **性 别** | | | | | | | |  | | | | | | | | **出生年月(  岁)** | | | | | |  | | 2寸近期  证件照 |
| **民 族** | |  | | | | | | | | **籍 贯** | | | | | | | |  | | | | | | | | **出生地** | | | | | |  | |
| **入 党**  **时 间** | |  | | | | | | | | **参加工作**  **时  间** | | | | | | | |  | | | | | | | | **健康状况** | | | | | |  | |
| **专业技 术职务** | |  | | | | | | | | | | | | | | | **有何熟悉**  **专业及专长** | | | | | | | | |  | | | | | | | |
| **学 历**  **学 位** | | **全日制**  **教 育** | | | | |  | | | | | | | **毕业院校系**  **及 专 业** | | | | | | | | |  | | | | | | | | | | | |
| **在 职**  **教 育** | | | | |  | | | | | | | **毕业院校系**  **及 专 业** | | | | | | | | |  | | | | | | | | | | | |
| **身份证号码** | | |  |  | |  | |  |  | |  |  | | |  |  |  | |  |  | |  | |  |  | |  | |  |  | **联系电话** | |  | |
| **学 习**  **工 作**  **简 历** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **主 要工 作成 绩及 奖惩 情况** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **家 庭主 要成 员及 重要 社会 关系** | **称谓** | | | | **姓 名** | | | | | | | | **出生年月** | | | | | | | | **政治面貌** | | | | | | | **工 作 单 位 及 职 务** | | | | | | |
|  | | | |  | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |
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| **个 人**  **承 诺** | 我已详细阅读招聘公告，确信符合招考条件及岗位要求。本人保证填报资料真实准确，如因个人原因填报失实或不符合招考条件、岗位要求而被取消考核资格，由本人承担一切责任。  本人签名：                  年 月   日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **资 格**  **审 查**  **意 见** | 审查人签名：         （盖章）                     年   月    日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |