附件2：

北京市化工职业病防治院公开招聘岗位报名表

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| 应聘部门 |  | 专业： |  |

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| 身份证号 | | |  |  |  | |  |  | |  | | |  | | |  |  | |  | |  | |  | |  | |  | |  |  | **个人照片电子版** | | | | |
| 姓名 |  | | | | | 性别 | | | | | |  | | | | | | 民族 | | | | | | | | | |  | | |
| 出生  年月 |  | | | | | 政治  面貌 | | | | | |  | | | | | | 健康  状况 | | | | | | | | | |  | | |
| 籍贯 |  | | | | | 专业技术职称 | | | | | | | | | | | |  | | | | | | | | | | | | |
| 毕业院校 | | | | | |  | | | | | | | | | | | | | | | | | | 专业 | | | | | | |  | | | | |
| 学 历 | | | | | |  | | | | | | | | 学 位 | | | | | |  | | | | | | | | 毕业时间 | | | | |  | | |
| 参加工作时间  (没有填写无) | | | | | |  | | | | | | | | | | | | 是否  应届毕业 | | | | | | | | | |  | | | | | | | |
| 是否北京常住户口 | | | | | |  | | | | | | | | | 户籍所在地  详细地址 | | | | | | |  | | | | | | | | | | | | | |
| 家 庭 住 址 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | 邮编 | | |  | | | | |
| 现工作单位、学校 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | 外语  水平 | | |  | | | | |
| 电子邮箱 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人  手机号 | |  | | | | | | | | | 紧急联系人  电话 | | | | | | |  | | | | | | | | 紧急联系人与本人关系 | | | | | |  | | | |
| 人事档案  存档单位名称 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 人事档案存放地  详细地址 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 教  育  经  历  （高中开始） | | 起止年月 | | | | 学制 | | | 院校 | | | | | | | | | 专业  名称 | | | | 专业  代码 | | | | | | 学历 | | | 学位 | | | | 学习  方式 |
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| 工  作  经  历 | | 起止年月 | | | | | | | 工作单位名称 | | | | | | | | | | | | | | | | | | | 岗位名称 | | | | | | | |
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| 专业技术职称 | | 名称 | | | | | | | 评审机构名称 | | | | | | | | | | | | | | | | | | | 取得时间 | | | | | | 是否聘用 | |
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| 职业  资格 | | 名称 | | | | | | | 评审机构名称 | | | | | | | | | | | | | | | | | | | 取得时间 | | | | | | 是否聘用 | |
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| 奖惩  情况 | | 时间 | | | | | | | 项目名称 | | | | | | | | | | | | | | | | | | | 授予机构名称 | | | | | | | |
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| 本人业绩（包括但不仅限于课题  研究、论文发表、项目经验等） | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人  签字 | | 表中所填信息属实，并服从单位分配。  报考人员签字： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 需要补充说明的情况 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

备注：以上信息均为必填项，空项请填无。