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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 附件3: |  |  |  |  |  | | **银川市疾病预防控制中心**2022年**自主公开招聘**  **工作人员资格审核表** | | | | | | | 招聘单位主管部门：银川市卫生健康委员会 | | | | | | | 招聘单位：银川市疾病预防控制中心 | | | | | | | 姓名： | | 报考岗位： | | | | | 性别： | 民族： | 现户口所在地： | | | | | 身份证号码： |  | | | | | | 所学专业 ： | | 学历： | | 学位： | | | 毕业院校： | | | | 毕业时间 |  | | 政治面貌： | 是否全日制高等院校毕业： | | | | | | 通讯地址： | | | | | | | 固定电话： | | 手机： | | | | | 应聘前所在单位： | | | | | | | 学习和工作经历： | | | | | | | | | | | 奖惩情况 | | | | | |   注：请同时附学历、学位证书等岗位要求的证明材料。 | | | | | | |
|
| 家庭成员基本情况 | 姓名 | 性别 | 出生年月 | 政治面貌 | 现工作单位及职务或职称 |
| 爱人情况 |  |  |  |  |  |
| 父母情况 |  |  |  |  |  |
|  |  |  |  |  |
| 子女情况 |  |  |  |  |  |
|  |  |  |  |  |
| 《岗位计划一览表》中各岗位相应资格条件的有关证件 |  | | | | |
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| 应聘者承诺 | 本人所提供材料真实有效，个人条件符合本次招聘所报考岗位的要求，如有虚假信息和作假行为，本人承担一切后果，并同意取消应聘资格。  报考人（签名）： | | | | |
| 审核意见： | | | | | |
| 审核结果（打√） | 合格 | | | 不合格 | |
| 不合格原因： | | | | | |
| 审核人签名： | | | | | |
| 姓名： | | | 所在单位： | | |
| 姓名： | | | 所在单位： | | |
| 同级纪检监察部门： | | | 监督人签名： | | |

备注：此表一式二份，应聘者一份，招聘单位留存一份；