附件2

**山东省医疗器械和药品包装检验研究院**

**公开招聘编制外工作人员报名登记表**

应聘岗位名称：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 | |  | | | | | 性别 | |  | | | 民族 | |  | | | | 出生日期 |  | | 一寸彩色照片 |
| 参加工作时间 | |  | | | | | 政治面貌 | |  | | | 籍贯 | |  | | | | 户 籍  所在地 |  | |
| 现工作单位、  职称、职务 | | | | | | |  | | | | | | | | | | | | | |
| 档案所在单位 | | | | | |  | | | | | | | 身份证号 | | |  | | | | |
| 联系电话 | | |  | | | | | | | 住址及邮编 | | | |  | | | | | | | |
| 学  习  经  历 | 学历 | | | | 学位 | | | 毕业院校及院、系 | | | | | | | | | 所学专业及方向 | | | 学习形式及入学和毕业时间 | |
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| 工  作  经  历 | 起止时间 | | | | | | | 所在单位（填及具体科室、部门）及职务 | | | | | | | | | | | | | |
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| 近5年以来取得的研究成果和发表出版的主要论文、著作及获奖情况 | | | |  | | | | | | | | | | | | | | | | | |
| 家庭  成员  及其  主要  社会  关系 | 称 谓 | | | | | 姓 名 | | | 年龄 | | 政治面貌 | | | | 工作（学习）单位及职务 | | | | | | |
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| 注：主要填写父母、配偶及子女。 | | | | | | | | | | | | | | | | | | | | |
| **我已经仔细阅读公开招聘编制外工作人员相关信息，理解其内容，并郑重承诺：本人所提供的个人信息、证明资料、证件等真实、准确。对因提供有关信息证件不实或违反有关纪律规定所造成的后果，本人自愿承担相关责任。**  **应聘人员签名：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | |