附件：

资阳市疾病预防控制中心应聘报名表

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| 报考岗位 | |  | | | | | | | | | | | | | 照片 | |
| 姓名 | |  | 性别 | | |  | | 出生年月 |  | 籍贯 | | |  | |
| 政治  面貌 | |  | 健康  状况 | | |  | | 婚姻状况 |  | 身高/体重 | | |  | |
| 身份证  号 码 | |  | | | | | | | | | 联系  电话 | | |  | | |
| 现居住  地 址 | |  | | | | | | | | | | | | | | |
| 获得专业技术职称、职业资格等 | |  | | | | | | | | | | | | | | |
| 奖惩情况 | |  | | | | | | | | | | | | | | |
| 教育经历 | 受教育方式 | 学历 | | 学位 | | | 毕业院校 | | | | | 专业 | | | | 起止年月 |
| 全日制教育 |  | |  | | |  | | | | |  | | | |  |
| 在职教育 |  | |  | | |  | | | | |  | | | |  |
| 工作经历 | | 起止时间 | | | 从事岗位 | | 单位名称 | | | | | 离职原因 | | | | |
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| 家庭主要成员及重要社会关系 | | 关系 | | 姓名 | | | 工作单位及职务 | | | | | 联系电话 | | | | |
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| 报名者需要说明的事项 | | 本人承诺：本人以上所填写的内容和报名时所提供的材料是真实可靠的，如有虚假等不实情况，本人愿承担全部责任。  本人签名：  年 月 日 | | | | | | | | | | | | | | |