**附表2**

**南充市疾病预防控制中心招聘编外人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **姓名** | | |  | | **性别** | | |  | | **出生年月( 岁)** | |  | **2寸证件照** | |
| **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** | | |  | | | | | **熟悉专业有何专长** | |  | | |
| **学历**  **学位** | | | **全日制**  **教育** | | |  | | | | **毕业时间院校系及专业** | |  | | |
| **在职**  **教育** | | |  | | | | **毕业时间院校系及专业** | |  | | |
| **身份证号码** | | | | | |  | | | | | | **联系电话** | |  |
| **学**  **习**  **工**  **作**  **简**  **历** |  | | | | | | | | | | | | | |
| **及奖惩情况**  **主要工作业绩** | |  | | | | | | | | | | | | |
| **及重要社会关系**  **家庭主要成员** | | **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** | | **我已详细阅读了临聘公告及相关要求，确认符合招聘条件及职位要求。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聘条件、职位要求而被取消招聘资格的，由本人承担一切责任。**  **本人签名：**  **年 月 日** | | | | | | | | | | | | |
| **审核意见** | | **审核人（签名）：**  **年 月 日** | | | | | | | | | | | | |