附件

广元市昭化区妇幼保健计划生育服务中心

自主考核招聘备案编制人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | 身份  证号 |  |  |  |  | |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  | 近期免冠  两寸彩照 |
| 户 口  所在地 | |  | 性别 |  | | | | | 民族 | | | |  | | | | 政治  面貌 | | |  | | | | |
| 学历 | | 普通高校 |  | | | | | | 学位 | | | | | |  | | | | | | | | | |
| 毕业院校 | | |  | | | | | | | | | | | | 所学专业 | | | | | | |  | | | |
| 参加工  作时间 | |  | 健康  状况 |  | | | | | 专业技术职务任职资格 | | | | | |  | | | | | | | 执业资格 | | |  |
| 联系地址 | |  | | | | | | | | | | | | | 联系电话 | | | | | | |  | | | |
| E-mail | |  | | | | | | | | | | | | | 邮政编码 | | | | | | |  | | | |
| 现工作单位 | | |  | | | | | | | | | | | | 职 务 | | | | | | |  | | | |
| 个  人  简  历 | 起止年月 | | 所在单位名称 | | | | | | | | | | | | 职 务 | | | | | | | 证 明 人 | | | 工作单位意见 |
| - | |  | | | | | | | | | | | |  | | | | | | |  | | | （公章） |
| - | |  | | | | | | | | | | | |  | | | | | | |  | | |
| - | |  | | | | | | | | | | | |  | | | | | | |  | | |
| 本人声明：上述填写内容真实完整。如有不实，本人愿承担全部责任。  报考人签名：　　　　　　　　　　 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格  审查  意见 | | 审核人签字:  （单位盖章）  年　　月　　日 | | | | | | 身份证复印件粘贴处 | | |  | | | | | | | | | | | | | | |

招聘岗位：

**备注：本表一式两份，请打印或工整填写；招聘期间请保持通讯畅通，不要变更所留电话号码。**