附件2

玉林市福绵区疾病预防控制中心报名登记表

报考岗位： 填报时间： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | 性别 | | |  | | | 出生年月 | | | |  | | | 身高(cm) | | |  | | （1寸彩  色相片） | |
| 籍贯 |  | | 民族 | | |  | | | 参加工作时间（年月） | | | |  | | | 婚姻状况 | | |  | |
| 政治面貌 |  | | 入党时间 | | |  | | | 专业技术资格（职称） | | | |  | | | | | | | |
| 联系电话 |  | | | | | | | | 身份证号码 | | | |  | | | | | | | | | |
| 全日制教育 | | 学历  学位 | |  | | 学制 | |  | 毕业时间、毕业学校、所学专业 | | | | |  | | | | | | | | |
| 在职  教育 | | 学历  学位 | |  | | 学制 | |  | 毕业时间、毕业学校、所学专业 | | | | |  | | | | | | | | |
| 家庭详细地址 | |  | | | | | | | | | | | | | | | | 邮编 | |  | | |
| 现工作  单位 | |  | | | | | | | | | 职务 | | | |  | | | | | 是否在编人员 | |  |
| 个人学习简历（从高中开始填写） | | 起止时间 | | | | | 学校名称及专业 | | | | | | | | | | | | | | | |
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| 工 作 经 历 | | 起止时间 | | | | | 所在单位 | | | | | | | | 从事的工作及职务 | | | | | | | |
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| 奖惩  情况 | |  | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员 | | 称谓 | | | 姓名 | | | | | 年龄 | | 政治面貌 | | | | | 工作单位及职务 | | | | | |
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| 报名人承诺 | | 本报名表所填内容正确无误，所提交的信息真实有效。如有虚假，本人愿承担由此产生的一切后果。  报名人签名： | | | | | | | | | | | | | | | | | | | | |
| 资格审查意见 | |  | | | | | | | | | | | | | | | | | | | | |

备注：1、报名登记表用A4纸正反面打印；

2、“报名人签名”须手写签名。