附件5：

2021年聊城市传染病医院

B类高校毕业生公开招聘人员报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | | |  | | 性别 | | |  | | 出生年月 | | | |  | | | | 一  寸  彩  色  照  片 | |
| 政治面貌 | | | |  | | 民族 | | |  | | 籍贯 | | | |  | | | |
| 身份证号 | | | |  | | | | | | | 学历  学位 | | | |  | | | |
| 报考岗位名称 | | | |  | | | | | | | 毕业时间 | | | |  | | | |
| 移动电话 | | | |  | | | | | | | E-mail | | | |  | | | | | |
| 教育背景 | 起止年月 | | | | 学位 | | | 毕业院校及系院 | | | | | | 所学专业 | | | | 研究方向 | | |
|  | | | | 博士 | | |  | | | | | |  | | | |  | | |
|  | | | | 硕士 | | |  | | | | | |  | | | |  | | |
|  | | | | 本科 | | |  | | | | | |  | | | |  | | |
|  | | | | 专科 | | |  | | | | | |  | | | |  | | |
|  | | | | 中专 | | |  | | | | | |  | | | |  | | |
| 工作经历 | 起止年月 | | | | 工作单位 | | | | | | | | | | | | | | | 职称（职务） |
|  | | | |  | | | | | | | | | | | | | | |  |
|  | | | |  | | | | | | | | | | | | | | |  |
|  | | | |  | | | | | | | | | | | | | | |  |
| 配偶情况 | | | 姓名 | |  | | 年龄 | | |  | | 学历 |  | | | 工作  单位 |  | | | |
| **本人郑重承诺：本人承诺参加2020年聊城市传染病医院公开招聘报考的信息真实、准确，对因个人原因不能正常参加考试或提供相关信息证件不实及违反有关纪律规定而造成的后果，由本人承担责任。**  **应聘人员签名：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | |
| 资格审查意见 | | **审查人： 年 月 日** | | | | | | | | | | | | | | | | | | |

**聊城市传染病医院人事科制**