附件

梧州市疾病预防控制中心

2024年面向社会直接面试招聘事业单位工作人员报名表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | | |  | | **性 别** |  | **出生日期** | |  | **粘贴相片** | |
| **民 族** | | |  | | **籍 贯** |  | **政治面貌** | |  |
| **学 历** | | |  | | **学 位** |  | **职 称** | |  |
| **常住户口所**  **在地** | | |  | | | | **健康状况** | |  |
| **身份证号码** | | |  | | | | **婚姻状况** | |  |
| **毕业院校、专业** | | |  | | | | **毕业时间** | |  | | |
| **通讯地址** | | |  | | | | **联系电话** | |  | | |
| **应聘岗位** | | |  | | | | | **电子邮箱** |  | | |
| **主要学习、工作经历（从大学起填写）** | | | | | | | | | | | |
| **起止年月** | | | | **学校（单位）** | | | | | **毕业/结业/职务** | | |
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| **主要家庭成员及社会关系** | **称谓** | **姓 名** | | **工作单位及职务** | | | | | | | **备注** |
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| **本人承诺** | | **本人保证所填资料完全真实。**  **签名： 日期： 年 月 日** | | | | | | | | | |
| **招聘单位**  **资格审核** | |  | | | | | | | | | |