附件：

海城市疾控中心合同制工作人员报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | | | | | | | | 性 别 | | | | | |  | | | | | | | 民 族 | | |  | | **（1寸电子版近期蓝或红底彩色证件照片）** |
| 身份证号 |  |  | | | |  |  |  |  |  |  |  | |  |  |  |  | | |  |  |  | |  |  | 户 籍 | | |  | |
| 学 历 | | | | |  | | | | | | | | | | | | | 学 位 | | | | | | | | |  | | | |
| 毕业院校 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所学专业 | | | | |  | | | | | | | | | | | | | | | | | | 毕业时间 | | | | |  | | |
| 现居住地  （详细地址） | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 应聘岗位 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 移动电话1 |  |
| 移动电话2 |  |
| 固定电话 |  |
| 个人简历 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **考生承诺书：**  **我保证符合岗位条件，提供的所有材料、证件真实、有效。否则同意取消聘用资格，责任自负。**    **承诺人（考生手写签字）：**  **2022年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查意见 | | | | 审查人： 审查人：  2022年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备 注 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：1、**此表除承诺人签字需本人亲笔填写外，其余信息均要求打印（包含照片）；**

2、现居住地地址要求详细填写，具体到社区（街道、村委）；

3、资格审查意见无需考生填写。