附件2：

**北京市卫生健康委员会宣传教育中心公开招聘工作人员报名表**

（社会人员填写）

**报考职位： 填表时间： 年 月 日**

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| **姓名** |  | | **性别** |  | | **民族** |  | **出生 年月** | | |  | | | **照片** |
| **政治面貌** |  | | **入党（团）**  **时间** | | |  | | | | | | | |
| **身份证号** | |  | | | | | **参加工作时间** | | | |  | | |
| **学历学位** | |  | | | | | **毕业院校**  **及专业** | | | |  | | | |
| **英语水平** | |  | | **职称或**  **职业资格** | | |  | | | | | **计算机水平** | |  |
| **现工作单位及职务** | |  | | | | | | | **手 机** | | | |  | |
| **户口所在地** | |  | | | | | | | | | | | | |
| **家庭住址** | |  | | | | | | | | | | | | |
| **电子邮箱** | |  | | | | | | | | | | | | |
| **教育及培训经历（从高中填起）** | | **起止时间** | | | **学校及专业** | | | | | **取得学历学位情况** | | | | **是否全日制** |
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| **工作经历** | | **起止时间** | | | **工作单位** | | | | | **职务/岗位** | | | | **证明人及**  **联系方式** |
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| **已取得何**  **证书或曾**  **获得何种**  **奖 励** | |  | | | | | | | | | | | | |
| **资 格 审 查 意 见** | | **招聘单位意见：** 符合条件（ ）； 不符合条件（ ）。  **审核人签字：**    **年 月 日** | | | | | | | | | | | | |