附件

广西壮族自治区工人医院（广西职业病防治研究院）

招聘报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 应聘岗位 | |  | | | | | | | | | | | | | | | | 二寸彩照 | |
| 姓名 | |  | | | 性别 | |  | | | 籍贯 | | | |  | | | |
| 出生年月 | |  | | | 民族 | |  | | | 政治面貌 | | | |  | | | |
| 婚姻 | |  | | | 身高 | |  | | | 特长 | | | |  | | | |
| 联系电话 | |  | | | | | 电子邮箱 | | | | |  | | | | | |
| 身份证号 | |  | | | | | 家庭地址 | | | | |  | | | | | | | |
| 全日制教育 | 学历 |  | | 学位 | | |  | | | | 在职教育  （最高学历） | | 学历 | | | |  | 学位 |  |
| 毕业院校和时间 |  | | | | | | | | | 毕业院校和时间 | | | |  | | |
| 专业 |  | | | | | | | | | 专业 | | | |  | | |
| 执业证书名称 | |  | | | | | | | | 取得时间 | | | | | | |  | | |
| 现职称 | |  | | | | | | | | 取得时间 | | | | | | |  | | |
| **学习经历**（从高中阶段填起） | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | 院校名称 | | | | | | 专业 | | | | | | | | 学历/学位 | | 学习形式（全日制/非全日制） | |
|  | |  | | | | | |  | | | | | | | |  | |  | |
|  | |  | | | | | |  | | | | | | | |  | |  | |
|  | |  | | | | | |  | | | | | | | |  | |  | |
| **工作经历**（含进修经历，中间有待业的也需写明起止时间） | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | 工作单位 | | | | | | 部门/科室 | | | | | | | | | 职称/职务 | | |
|  | |  | | | | | |  | | | | | | | | |  | | |
|  | |  | | | | | |  | | | | | | | | |  | | |
|  | |  | | | | | |  | | | | | | | | |  | | |
| **主要科研、论文成果** | |  | | | | | | | | | | | | | | | | | |
| **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 | | | | |
|  |  | | |  | | |  | | | | | |  | | | | |
|  |  | | |  | | |  | | | | | |  | | | | |
|  |  | | |  | | |  | | | | | |  | | | | |
|  |  | | |  | | |  | | | | | |  | | | | |
|  |  | | |  | | |  | | | | | |  | | | | |
| **政治思想道德品质及遵纪守法情况** | |  | | | | | | | | | | | | | | | | | |
| **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：  年 月 日 | | | | | | | | | | | | | | | | | |

注：1.报名登记表填写后请用A4纸正反双面打印，并手写签字。

2.如学习经历、工作经历、科研情况等内容较多，可增加单元格。