**凉山州妇幼保健计划生育服务中心**

**招聘工作人员报名登记表**

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| **姓名** |  | | | **性 别** | | | |  | **出生年月**  **（年龄）** | | | **年 月**  **（ 岁）** | | |  | | |
| **民族** |  | | | **籍 贯** | | | |  | **婚姻状况** | | |  | | |
| **政治面貌** |  | | | **参加工**  **作时间** | | | |  | **报考岗位** | | |  | | |
| **文化**  **程度** | **全日制**  **教 育** | |  | | | | **毕业院校**  **及专业** | |  | | | | | |
| **在 职**  **教 育** | |  | | | | **毕业院校**  **及专业** | |  | | | | | |
| **现工作单位**  **及职务（职称）** | | | |  | | | | | | | | | | | **有无 编制** | |  |
| **身份证号码** | | | |  | | | | | | | **联系电话** | | | |  | | |
| **家庭住址** | | | |  | | | | | | | | | | | **是否服从调配** | |  |
| **个人简历（从高中开始不间断，请填写起止时间、学校、单位、学历、学位）** | |  | | | | | | | | | | | | | | | |
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| **资格及取得时间** | | **执业资格 名称** | | | | **执业资格 取得时间** | | | | **职称资格 名称** | | | | **职称资格**  **取得时间** | | | |
|  | | | |  | | | |  | | | |  | | | |
| **规范化培训情况** | | **规培单位 及专业** | | |  | | | | | | | | **外语情况** | | |  | |
| **结业时间 及成绩** | | |  | | | | | | | | **计算机情况** | | |  | |
| **何时何地受过何种奖励处分** | |  | | | | | | | | | | | | | | | |
| **本人承诺并签名** | | **（手写以下内容：以上信息属实。）**  **年 月 日** | | | | | | | | | | | | | | | |