**附件2**

**衡山县疾病预防控制中心2020年公开招聘卫生专业技术人员**

**报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | | | 性别 | | |  | | | 身份证号码 | | | | | |  | | | | | | | | | | |  | | |
| 民族 |  | | | | 籍贯 | |  | | | | 政治面貌 | | | | | |  | | | 婚姻状况 | | | | |  | | | | 照片 | | |
| 家庭住址 | |  | | | | | | | | | | | | | | | 联系电话 | | | | | | |  | | | | |
| 毕业学校 | |  | | | | | | | | | | | | | 学历 | | | |  | | | | 所学专业 | | |  | | |  | | |
| 毕业时间 | |  | | | | | | | | 毕业证编码 | | | | | | | | |  | | | | | | | | | |  | | |
| 报考单位 | |  | | | | | | | | | | | 报考岗位 | | | | | | | | |  | | | | | 岗位代码 | | |  | |
| 职称、执（职）业资格 | | | | | | | |  | | | | | | | | | 职称、执（职）业资格取得时间 | | | | | | | | | | |  | | | |
| 个人学习、工作简历 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要家庭成员 | 称谓 | | | 姓名 | | | | | | 性别 | | | | 出生年月 | | | | | | | | | 工作单位及职务 | | | | | | | | 备注 |
|  | | |  | | | | | |  | | | |  | | | | | | | | |  | | | | | | | |  |
|  | | |  | | | | | |  | | | |  | | | | | | | | |  | | | | | | | |  |
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|  | | |  | | | | | |  | | | |  | | | | | | | | |  | | | | | | | |  |
| 应  聘  人  员  承  诺 | 本人承诺所提供的材料真实有效，符合应聘岗位所需的资格条件。如有弄虚作假，承诺自动放弃考试和聘用资格。  应聘人签名：  2020年 月 日 | | | | | | | | | | | | | | | 资格审查意见 | | | | | 经审查符合应聘资格条件。  审查人签名：  招聘单位盖章：  2020年 月 日 | | | | | | | | | | |

备注:报名表请用电子打印不能手写（签名除外）。