附件2

唐山市疾病预防控制中心

公开选聘高层次人才报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | | | | | | 出生年月 | | | | |  | | | | | | | | | | | | 照片 | | | | | |
| 性别 |  | | | 政治面貌 | | | | |  | | | | | 学历 | | | | | |  | | | | | |
| 籍贯 |  | | | 户口所在地 | | | | |  | | | | | 职称 | | | | | |  | | | | | |
| 现工作单位（若为毕业生填写“毕业生”即可） | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 毕业院校及专业（本科） |  | | | | | | | | | | | | | | | | | | | 毕业时间 | | | | | |  | | | | | |
| 毕业院校及专业（全日制普通类研究生） |  | | | | | | | | | | | | | | | | | | 毕业时间 | | | | | | | |  | | | | |
| 联系电话1 |  | | | | | | 联系电话2 | | | | |  | | | | | 电子邮箱 | | | | | |  | | | | | | | | |
| 联系地址（现居住地） |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号 |  |  |  | |  |  | |  | |  |  | |  | |  |  | |  | | | |  | |  |  | | | |  |  |  |
| 个人简历（从高中填写） | 可另附页 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 获奖情况 | 可另附页 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 配偶信息 | 姓名 | | |  | | | | | 学历 | | | | |  | | | 学位 | | | |  | | | | | | | 职称 | |  | |
| 出生年月 | | |  | | | | | 户籍所在地 | | | | |  | | | | | | | 身份（干部/工人/学生/现役军人） | | | | | | |  | | | |
| 现工作单位 | | |  | | | | | | | | | | | | | | | | | 职务 | | | | | | |  | | | |
| 报考信息 | 报考岗位编码 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查情况 | （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注：1、报名表时务必提交本表，并上传近期正面蓝底免冠彩色照片。  2、承诺人务必填写。  3、此表任何栏目内容涂改无效。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 承诺书    本人承诺：本人填写的信息及提交的资料真实有效。本人符合招考公告规定的所有条件以及报考岗位的所有资格要求。如不符合，本人愿意承担取消选聘资格的后果。    承诺人：    二〇一七年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |