**汕尾市疾病预防控制中心招聘政府聘员报名登记表**

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| 姓名 | |  | | | | | | | 性别 | | | | |  | | | | | | | 民族 | | | | |  | | | | 贴照片 |
| 出生年月日 | |  | | | | | | | 籍贯 | | | | |  | | | | | | | 政治面貌 | | | | |  | | | |
| 户籍所在地 | | 省 市 镇 | | | | | | | | | | | | | | | | | | | 婚姻状况 | | | | |  | | | |
| 身份证号码 | |  |  |  |  | |  |  | |  |  |  |  | | | |  |  |  |  | |  |  |  |  | 联系电话 |  | | | |
| 家庭住址 | |  | | | | | | | | | | | | | | | | | | | | | | | | 计算机  水平 | | |  | |
| 毕业院校 | |  | | | | | | | | | | | | | | | | | | | | | | | | 所学专业 | | |  | |
| 毕业时间 | |  | | | | | | | | | | | | | | 学历 | | | | |  | | | | | 学位 | | |  | |
| 工作单位及职务 | |  | | | | | | | | | | | | | | | | | | | | | | | | 有无驾照（驾龄） | | |  | |
| 主要学习、工作经历（从中学开始，按时间先后顺序填写） | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 社会实践  经历 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员与社会关系 | 姓名 | | | | | 与本人关系 | | | | | | | | | 工作单位及职务 | | | | | | | | | | | | | 户籍所在地 | | |
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| 有何  特长  及突  出业  绩 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报名  人员  承诺 | 本人承诺以上信息属实，如有不实之处，愿意承担相应责任。  报名人员签名： 日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审查  意见 | 审查人员签名： 日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

说明：此表须如实填写，经审查发现与事实不符的，责任自负