**报名表**

2024年宁波市江北区疾控中心

公开招聘第三方劳务派遣工作人员报名表

报考岗位： 报考专业：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | 身份证号 |  |  |  |  | |  |  |  | | |  |  |  |  |  |  |  |  | |  | |  |  | 近期免冠  一寸彩照 | |
| 性 别 | |  | 户 籍 |  | | | | 民族 | | | |  | | | | 政治面貌 | | | | | |  | | | | |
| 初始学历 | |  | 毕业  时间 |  | | | | 毕业院校  及专业 | | | | | | | |  | | | | | | | | | | |
| 最高学历 | |  | 毕业  时间 |  | | | | 毕业院校  及专业 | | | | | | | |  | | | | | | | | | | | | |
| 参加工作  时间 | |  | 健康  状况 |  | | | | 专业技术职称 | | | | | | | |  | | | | | | | | | 取得  时间 | | |  |
| 现工作  单 位 | |  | | | | | | 是否  在编 | | | | |  | | | 现任职务  及任职时间 | | | | | | | | |  | | | |
| 报考专业 | |  | | 考核情况 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2021年度 | | | | | | | | | | | | 2022年度 | | | | | | | | 2023年度 | | | | |
|  | | | | | | | | | | | |  | | | | | | | |  | | | | |
| 联系地址 | |  | | | | | | | | | | | | | | 固定电话 | | | | | | | |  | | | | |
| 移动电话 | | | | | | | |  | | | | |
| E-mail | |  | | | | | | | | | | | | | | 邮 编 | | | | | | | |  | | | | |
| 个  人  简  历 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人声明：上述填写内容真实完整。如有不实，本人愿承担一切责任。  申请人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审  核  意  见 | （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注意：1、本表格一式一份，以上表格内容必须填写齐全。

2、个人简历分学习和工作两部分。