**攀枝花市西区疾病预防控制中心招聘临时工作人员报名信息表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | **性别** | |  | | **出生年月** | |  | |  |
| **籍贯** |  | | **民族** | |  | | **政治面貌** | |  | |
| **学历** |  | | **学位** | |  | | **毕业时间** | |  | |
| **身份证号码** |  | | | | | | **婚否** | |  | |
| **毕业院校** |  | | | | | | **所学专业** | |  | |
| **身高（cm）** | |  | | **体重（kg）** | | |  | | **健康状况** | |  |
| **现有专业**  **技术资格** |  | | | | | **现有资格取得时间** |  | | | | |
| **个人简历** |  | | | | | | | | | | |
| **家庭主要成员及工作单位和职务** |  | | | | | | | | | | |
| **通讯地址** |  | | | | | | | **邮政编码** | |  | |
| **移动电话** |  | | | | | | | **QQ号码** | |  | |
| **本人承诺：上述所填报名信息真实、准确。提供的学历证书、证件、相关证明材料等均真实有效。如有弄虚作假或填涂错误，本人承担一切后果，并自愿接受有关部门的处理。**  **本人签名：**  **年   月   日** | | | | | | | | | | | |
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