**附件2：市药检院派遣制人员资格报名登记表**

**报考岗位：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | 性别 | | |  | | | 民族 | | | | |  | | | | 照片 |
| 政治面貌 |  | | | | | 身份证号 | | | | |  | | | | | | |
| 出生年月 |  | | | | | | | | 健康状况 | | | | |  | | | |
| 婚姻状况 |  | | | | | | | | 有无特长 | | | | |  | | | |
| 毕业时间 |  | | | 学历 | | |  | | | | | 学位 | | | |  | | |
| 毕业院校 |  | | | | 毕业类别 | | | |  | | | | | 工作年限 | | |  | |
| 所学专业 |  | | | | 外语水平 | | | |  | | | | | 计算机水平 | | |  | |
| 原工作单位 |  | | | | | | | 参加工作时间 | | | | | |  | | | | |
| 工作单位地址 |  | | | | | | | | | | 资格或职称 | | | |  | | | |
| 家庭住址 |  | | | | | | | | | 户别 | | |  | | | | | |
| 手机号 |  | | | | | | | | | 是否为应届毕业生 | | |  | | | | | |
| 学习培训简历 |  | | | | | | | | | | | | | | | | | |
| 工作简历 |  | | | | | | | | | | | | | | | | | |
| 主要业绩 |  | | | | | | | | | | | | | | | | | |
| 家庭情况 |  | | | | | | | | | | | | | | | | | |
| 诚信声明 | 1. 本人填写的各项信息全部真实有效； 2. 因提供虚假信息所产生的一切后果，均由本人负责。   签名： | | | | | | | | | | | | | | | | | |
| 人事科审查意见 | |  | | | | | | | | | | | | | | | | |
| 本单位审查意见 | | 盖章 年 月 日 | | | | | | | | | | | | | | | | |