附件

广东省职业病防治院人才引进人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | |  | | | | | | 性 别 | | | | | |  | | | | 民 族 | | | | | | | |  | | | | 贴  相  片 |
| 籍 贯 | | |  | | | | | | 政治面貌 | | | | | |  | | | | 婚姻状况 | | | | | | | |  | | | |
| 身份证号码 | | |  |  | |  |  |  | |  | |  | |  | |  |  |  | |  |  |  | |  | | | |  |  |  |
| 现户籍地 | | | 省 市（县） | | | | | | | | | | | | | | | 邮政编码 | | | | | | |  | | | | | |
| 通讯地址 | | |  | | | | | | | | | | | | | | | 手机号码 | | | | | | |  | | | | | |
| 毕业院校 | | |  | | | | | | | | | | | | | | | 毕业时间 | | | | | | |  | | | | | | |
| 所学专业 | | |  | | | | | | | | | | | | | | | 学历及学位 | | | | | | |  | | | | | | |
| 现工作单位 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 应聘岗位 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专业技术资格 | | |  | | | | | | | | | | 是否规培 | | | | |  | | | | | 执业资格 | | | | | | | |  |
| （从中学开始，按时间先后顺序填写）  主要学习、工作经历 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员及社会关系 | 姓 名 | | | | 与本人关系 | | | | | | 工作单位及职务 | | | | | | | | | | | | | | | 户籍所在地 | | | | | |
|  | | | |  | | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| 有何特长及突出业绩 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人承诺 | 本人对所提供的资料和填写内容的真实性、准确性和有效性负责。凡填写虚假信息或提供虚假材料的，一经发现即取消考试或聘用资格。本人愿承担一切法律责任。  承诺人（亲笔签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报名资格审核意见 | 审核人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备 注 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

说明：本表须如实填写，经审核发现与事实不符的，责任自负。