附件：

2024年长兴县疾病预防控制中心(卫生监督所)

应聘报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本情况** | 姓名 |  | | | | 性别 | |  | 民族 | |  | | 出生地 | | | | |  | | | | | | （贴照片处） |
| 户 口  所在地 |  | | | | 出生年月 | | |  | | | | 政治面貌 | | | | |  | | | | | |
| 身份  证号 |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  | |  |  |  | |  |
| **报名情况** | 报名  单位 |  | | | | | | | | 岗 位 | | | | |  | | | | | | | | |
| 报考  专业 |  | | | | | | | | | | | | | | | | | | | | | |
| **教育和工作情况** | 最高  学历 |  | | | | 毕业时间 | | |  | | | | | | 毕业专业 | | | | | | |  | | |
| 毕业  院校 |  | | | | | | | | | | | | | 培养方式 | | | | | | |  | | |
| 职 称 |  | | | | | | | | | | | | | | | | | | | | | | |
| 主要学习工作简历  （高中起） |  | | | | | | | | | | | | | | | | | | | | | | |
| **其他信息** | 奖惩  情况 |  | | | | | | | | | | | | | | | | | | | | | | |
| 通讯  地址 |  | | | | | | | | | | | | | 联系电话 | | | | | | |  | | |
| **本人声明：**上述填写内容及提供的资料真实完整。如有不实，本人愿承担一切法律责任。  申请人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |