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| **乐清市疾病预防控制中心（乐清市卫生监督所）**  **应聘人员报名表**  填表时间： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 |  | | | 性 别 | | | |  | | | 出生年月 | | | |  | | | | 照 片 | | | | |
| 政治面貌 |  | | | 籍 贯 | | | |  | | | 联系电话 | | | |  | | | |
| 毕业院校 |  | | | | | | | | | | 专 业 | | | |  | | | |
| 学 历 |  | | | 驾驶证类型 | | | |  | | | 应聘岗位 | | | |  | | | |
| 现工作单位 |  | | | | | | | | | | 紧急联系人电话 | | | |  | | | |
| 身体状况 |  | | | | | | | | | | | | | | 婚姻状况 | | | |  | | | | |
| 户籍地 |  | | | | | | | | | | | | | | | | | | | | | | |
| 现住址 |  | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号 |  |  |  | |  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  |  |
| 学习工作  经历 |  | | | | | | | | | | | | | | | | | | | | | | |
| 个人承诺 | 我承诺：以上本人所填写内容及提交应聘材料准确、无误、真实，如有错误、虚假，由我本人承担一切责任。  签 名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | |
| 报名初审  意见 | 审核人：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | |
| 单位意见 | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | |
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