附件2：

2022年无锡市锡山区卫生健康委员会公开招聘

劳动合同制检验人员报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本情况** | 姓 名 |  | | | | | | | | | | | | | | 性 别 | | | | |  | | | | | （贴照片处） |
| 民 族 |  | | | 出生年月 | | | | | |  | | | | | 政治面貌 | | | | |  | | | | |
| 身份证号 |  |  |  | |  | |  |  |  | |  |  |  |  | | |  |  |  |  |  | |  |  |
| **报名情况** | 报考岗位 |  | | | | | | | | | | | | | | | 岗位代码 | | | |  | | | | |
| 报考单位 |  | | | | | | | | | | | | | | | 职 称 | | | | | |  | | | |
| 现 住 址 |  | | | | | | | | | | | | | | | 户籍所在地 | | | | | |  | | | |
| **教育情况** | 毕业院校 |  | | | | | | | | | | | | | | | 最高学历 | | | | | |  | | | |
| 毕业专业 |  | | | | | | 毕业时间 | | | |  | | | | | 培养方式 | | | | | | 全日制/非全日制 | | | |
| 外语水平 |  | | | | | | | | | | | | | | | 计算机水平 | | | | | |  | | | |
| **简历**  **情况** | **请如实填写学习经历和工作经历** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **家庭情况** | 称 谓 | 姓 名 | | | | | 工 作 单 位 及 职 务 | | | | | | | | | | | | | | | | | | | |
| 父母 |  | | | | |  | | | | | | | | | | | | | | | | | | | |
| 配偶 |  | | | | |  | | | | | | | | | | | | | | | | | | | |
| 子女 |  | | | | |  | | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | | | | | | | |
| **奖惩情况** |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **其他信息** | 通讯地址 |  | | | | | | | | | | | | | | | 联系电话 | | | | | |  | | | |
| 原工作单位 |  | | | | | | | | | | | | | | | 参加工作时间 | | | | | |  | | | |
| **本人承诺符合报名条件，能胜任应急处置工作，具备在闭环管理工作环境中至少持续工作一年的身体条件、心理素质和业务能力，一旦录用，能在规定时间内到岗。**  **确认签字： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **审查意见** |  | | | | | | | | | | | | | | | | | | | | | | | | | |