附件2

2020年江阴市疾病预防控制中心公开招聘工作人员报名表

报名序号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | 性别 |  | | | 出生  年月 |  | | | | | | 政治面貌 | | | | | |  | | | | | | 照片 | | | | | | |
| 毕业  院校 |  | | 毕业专业 |  | | | 学历 |  | | | | | | 学位 | | | | | |  | | | | | |
| 毕业  时间 |  | |
| 户籍所在地 | | 省 市（县、区） | | | | | | 生源所在地 | | | | | | | | | 省 市（县、区） | | | | | | | | | | | | | | | |
| 报考岗位 | | | | | | | | 身份证号码 | | | | | | | | | | | | | | | | | | | | | | | | |
| 岗位名称 | | | | 岗位代码 | | | |
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| 家庭地址 |  | | | | | 邮编 |  | | | 联系  电话 | | | | | 手机 | | | | | |  | | | | | | | | | | | |
| 宅电 | | | | | |  | | | | | | | | | | | |
| 学习经历 | [从初中起填，请如实填写各段经历起止年月、在何单位学习，时间须前后衔接] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭  主要  成员 | 姓名 | | 关系 | | 所在单位及职务 | | | | | | | | | | | | | | | | | | | | | 是否需要回避 | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| 审核意见 | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 | 本人已知晓2020年江阴市人疾病预防控制中心公开招聘工作人员的相关规定，提出应聘申请，并承诺将遵守此次招聘的相关规定。本人承诺所提供的相关材料是真实和有效的，如与岗位条件不符，取消考试或应聘资格。  本人签名： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |