广安市卫生和计划生育委员会公开遴选工作人员报名及资格审查表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **姓  名** | |  | | | | **性  别** | | |  | | **出生年月(   岁)** | |  | 2吋照片 | | |
| **民  族** | |  | | | | **籍  贯** | | |  | | **出生地** | |  |
| **参加工**  **作时间** | |  | | | | **入党 时间** | | |  | | **健康状况** | |  |
| **专业技术职务** | |  | | | | | | | **熟悉专业有何专长** | |  | | |
| **学  历**  **学  位** | | **全日制**  **教  育** | | | | |  | | **毕业院校系及专业** | |  | | | | | |
| **在职**  **教育** | | | | |  | | **毕业院校系及专业** | |  | | | | | |
| **身份证号码** | | | |  | | | | | | | **手   机** | |  | | | |
| **邮   箱** | |  | | | |
| **家庭住址** | | | |  | | | | | | | | | **编制性质** | |  | |
| **工作单位**  **及职务** | | | |  | | | | | | | | | | | | |
| **学**  **习**  **工**  **作**  **简**  **历** | | |  | | | | | | | | | | | | | |
| **奖**  **惩**  **情**  **况** |  | | | | | | | | | | | | | | |  |
| **近三年度考核情况** |  | | | | | | | | | | | | | | |  |
| **主**  **要**  **家**  **庭**  **成**  **员**  **及**  **社**  **会**  **关**  **系** | **称 谓** | | | | **姓  名** | | | **出生年月** | | **政治面貌** | | **工作单位及职务** | | | |  |
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| **个**  **人**  **承**  **诺** | 我已详细阅读了公开遴选公告及相关要求，确信符合遴选条件及职位要求。本人保证填报资料真实准确，如因个人原因填报失实或不符合遴选条件、职位要求而被取消遴选资格的，由本人负责。    本人签名：                                 2015 年   月   日 | | | | | | | | | | | | | | |  |
| **所在单位意见** | 签名（单位盖章）                                    2015 年   月   日 | | | | | | | | | | | | | | |  |
| **备注** |  | | | | | | | | | | | | | | |  |