**上海市卫生和计划生育委员会信息中心工作人员公开招聘登记表**

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| **应聘岗位（单选）：** | | | | | | | | | | | | | | | | | 照  片 | |
| 个  人  基  本  情  况 | 姓 名 | |  | | | 性 别 | | |  | | 民 族 | |  | | | |
| 出生年月 | |  | | | 政治面貌 | | |  | | 入党时间 | |  | | | |
| 参加工作  时 间 | |  | | | 出生地 | | |  | | 健康状况 | |  | | | |
| 婚姻状况 | |  | | | 户口所在地 | | |  | | | | | | | |
| 现工作单位 | | | | |  | | | | | | | | | | | | |
| 现任职务 | |  | | | | | | | 技术职称 | | | | |  | | | |
| 毕业院校 | |  | | | | | | | 所学专业 | | | | |  | | | |
| 学 历 | |  | | | 学 位 | |  | | 身份证号码 | | | | |  | | | |
| 外语语种 | |  | | | 外语水平 | |  | | 计算机应用能力 | | | | |  | | |
| 爱好与特长 | | | | |  | | | | 是否愿意岗位调剂 | | | | |  | | | |
| 工  作  经  历 | 起止时间（年、月） | | | | | 工 作 单 位 | | | | 职 务 | | | | | 主 要 工 作 成 绩 | | | |
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| 教育培训经历 | 起止时间（年、月） | | | | | 学 校 | | | | 专 业 | | | | | 学 历 | | | |
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| 家庭主要成员 | 称 谓 | 姓 名 | | | 出生年月 | | 工 作（学 习） 单 位 | | | | | | | | | 职 务 | | |
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| 奖  惩  情况 | 时 间 | 授 予 单 位 | | | | | 奖 惩 内 容 | | | | | | | | | 备 注 | | |
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| 自我  评价 |  | | | | | | | | | | | | | | | | | |
| 联系方法 | 单位地址 | | |  | | | | | | | | 邮政编码 | |  | | | | |
| 现住地址 | | |  | | | | | | | | 邮政编码 | |  | | | | |
| 单位电话 | | |  | | | | 住宅电话 | | | |  | | | | | | |
| 手 机 | | |  | | | | E-mail | | | |  | | | | | | |
| 本人郑重承诺所提供和填写的信息属实，若有不实本人愿承担一切后果。  签名：  日期： | | | | | | | | | | | | | | | | | | |

**用人单位审核意见:**