附件2：

**石景山区卫生和计划生育委员会所属事业单位**

**2016年上半年公开招聘工作人员报名登记表**

报考单位： 报考岗位：　　　　 准考证号:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | | | 性别 | | | | |  | | | | | 政治面貌 | | | | |  | | | | | | 身份 | | |  | | | |  | | | |
| 出生  年月 | |  | | | | | | | 民族 | | | | |  | | | | | 文化程度 | | | | |  | | | | 婚姻  状况 | | |  | | | |
| 毕业学校 | |  | | | | | | | | | | | | | | | | | | | | | | | 所学专业 | | |  | | | | | | |
| 毕业  时间 | |  | | | | | | | | | 参加工作时间 | | | | |  | | | | | | | | | | | 专业技术职称或岗位资格证书 | | | | | | |  | | | | |
| 现工作单位 | | | | |  | | | | | | | | | | | | | | | | | | | | | | 行政职务 | | | | | | |  | | | | |
| 身份  证号 | |  | |  | |  | |  | |  | | |  | |  | | |  | | |  | | |  | |  | | |  |  | |  |  | | |  |  |  |
| 邮政编码 |  | | | | | | | | | | | | | | | | | | | 联系电话 | | | | |  | | | | | | | | | | | | | |
| 简  历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人保证为此表所填事项的真实性负责。  　　　　　　　　　　　　　　　　考生签字： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查意见及 | | | 审查人： | | | | | | | | | | | | | | | | | | | | 资格复核意见 | | | | | | 复核人： | | | | | | | | | |