**上海市疾病预防控制中心应聘**表

应聘岗位　　 编号

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **个 人 信 息** | | | | | | | | | | | | | | | |
| **姓 名** | |  | **性别** | | |  | | **户籍** |  | | | | | **一**  **寸**  **近**  **照** | |
| **出生年月** | | **年 月 日** | | | | **政治面貌** | |  | | | | | |
| **婚姻状况** | |  | **身份证号** | | |  | | | | | | | |
| **最高学历** | |  | **毕业院校** | | |  | | | **毕业时间** | | | | | **年 月** | |
| **最高学位** | |  | **毕业院校** | | |  | | | **取得时间** | | | | | **年 月** | |
| **家庭现住址** | |  | | | | **邮编** |  | | **参加工作时间** | | | | | **年 月** | |
| **专业技术**  **职称名称** | |  | **取得职称时间** | | | **年 月** | | | **聘任时间** | | | | | **年 月** | |
| **现工作单位** | |  | | **担任**  **职务** | |  | | | **任职时间** | | | | | **年 月** | |
| **家庭电话** | |  | | **手机** | |  | | | **Email** | | | | |  | |
| **主要家庭成员**  **及关系** | **姓 名** | | **工 作 或 学 习 单 位** | | | | | | | | | **年 龄** | | | **职 务** |
|  |  | |  | | | | | | | | |  | | |  |
|  |  | |  | | | | | | | | |  | | |  |
| **教 育 经 历** | | | | | | | | | | | | | | | |
| **阶 段** | | **起讫年月** | | | **学 校** | | | | | | **专 业** | | | | |
| **高 中** | |  | | |  | | | | | | **/** | | | | |
| **大 学** | |  | | |  | | | | | |  | | | | |
| **第二学位** | |  | | |  | | | | | |  | | | | |
| **硕 士** | |  | | |  | | | | | |  | | | | |
| **其 他** | |  | | |  | | | | | |  | | | | |
| **相 关 工 作 经 历** | | | | | | | | | | | | | | | |
| **起讫年月** | | **单位和部门** | | | | | | | | **职务/职称** | | | | | |
|  | |  | | | | | | | |  | | | | | |
|  | |  | | | | | | | |  | | | | | |
| **外 语 水 平** | | | | | | | | | | | | | | | |
| **语 种** | | **熟 练 程 度** | | | | | | | | | | | **等 级 证 书** | | |
|  | |  | | | | | | | | | | |  | | |
| **计 算 机 水 平** | | | | | | | | | | | | | | | |
| **应 用 能 力** | | | | | | | | | | | | | **等 级 证 书** | | |
|  | | | | | | | | | | | | |  | | |

**上述情况属实，本人签字： 时间： 年 月 日**