附件1：

**2019年下半年淮安市疾病预防控制中心公开招聘**

**高层次人才报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 编号：   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | 姓 名 | |  | | 性 别 |  | | 照  片 | | 籍 贯 | |  | | 出生年月 |  | | | 学历/学位 | |  | | 毕业院校 |  | | | 毕业时间 | |  | | 所学专业 |  | | | 外语语种  及水平 | |  | | 技术职称 |  | | | | 政治面貌 | |  | | 身份证号码 |  | | | | 婚姻状况 | |  | | 现工作单位 |  | | | | 通讯地址 | |  | | | | 邮政编码 |  | | 联系电话 | |  | | 手 机 |  | | | | 工作（学习简历） | | | | | | | | | 起止年月 | | | 工作单位、学习院校及专业 | | | | | |  | | |  | | | | | |  | | |  | | | | | |  | | |  | | | | | |  | | |  | | | | | | 本人承诺以上报名信息真实，否则取消考试及聘用资格。 报名人员签字确认： | | | | | | | | | 单位及主管部门审查意见 | 审核人： 复审人： | | | | | | | | 其它需补充之内容 |  | | | | | | |   填表时间： |

说明：凭《就业推荐表》报名的应届毕业生，必须在2020年7月31日前取得符合岗位要求的学历和学位等资格证书原件，并凭证书办理有关手续；届时未能提供的，作自动放弃处理。