**附件：**  编号：

**2020年苏州市吴江区疾病预防控制中心急需招聘传染病防控**

**专业技术人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | | | | 性别 | | | | | |  | | | 出生  年月 | | | |  | | | | | | | **（贴照片处）** | | | |
| 民族 |  | | | | | | 户籍 | | | | | |  | | | 政治  面貌 | | | |  | | | | | | |
| 毕业  院校 |  | | | | | | | | | | | 毕业时间 | | | |  | | | | | | | | | | |
| 现工作单位及岗位 | |  | | | | | | | | | | 参加工作  时间 | | | |  | | | | | | | | | | |
| 学历 |  | | | | | | | | | | | | 学位 | | |  | | | | | | | | | | |
| 所学  专业 |  | | | | | | | | | | | | 职称及  其他资格 | | |  | | | | | | | | | | | | | | |
| 身份  证号 |  | |  | |  |  | |  | |  | | |  |  |  | |  |  | | |  |  | | |  |  | |  |  |  |
| 通信  地址 |  | | | | | | | | | | | | | | | | | | 邮政  编码 | | | |  | | | | | | | |
| 联系电话 | | | |  | | | | | | | 手机号码 | | | | | | | |  | | | | | | | | | | | |
| 应聘单位名称 | 苏州市吴江区疾病预防控制中心 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 应聘岗位名称 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工  作  经  历 | 起止时间（年月） | | | | | | | | 单位及从事工作 | | | | | | | | | | | | | | | 任职职称 | | | | 证明人 | | |
|  | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | |
|  | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | |
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| **报名者承诺：以上信息真实，无隐瞒、虚假报名等行为；所提供的应聘材料和证书（件）扫描件均为真实有效；不存在须回避的关系。如有虚假，本人愿承担一切责任。**  **报名者签名：**  **2020年2月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **招聘单位初审意见： 审查者签名： 2020年2月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：本表一式两份，对照岗位条件，应聘人员于2020年2月20日至2月22日，将填写的《苏州市吴江区疾病预防控制中心急需招聘传染病防控专业技术人员报名表》、个人简历、身份证正反面、毕业证书、学位证书、医师资格证、医师执业证及专业技术资格证等拍照或扫描件上传至电子邮箱(wjwsjrsk@163.com)。