附件：

**赣州市食品药品检验检测中心2020年公开招聘编制外工作人员报名表**

填表时间： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | | **性 别** | | |  | | | | | **出生年月** | | |  | | | **（1寸免冠彩照）** | | |
| **民 族** |  | | | **籍 贯** | | |  | | | | | **政治面貌** | | |  | | |
| **身份证号** |  | | | | | | | | **联系方式** | | | |  | | | | |
| **第一学历和学位** | |  | | | **毕业学校专 业** | | |  | | | | | | | | | **毕业**  **时间** | | |  |
| **最高学历和学位** | |  | | | **毕业学校专 业** | | |  | | | | | | | | | **毕业**  **时间** | | |  |
| **现工作单位** | |  | | | | | | | | | **职 务**  **（职 称）** | | |  | | | **婚姻**  **状况** | | |  |
| **掌握何种**  **外语及程度** |  | | | | | **计算机**  **掌握程度** | | | |  | | | | | | **身 高** | | |  | |
| **学习简历** | **起止时间**  **（年、月）** | | | | | **毕业院校及专业** | | | | | | | | | | | | | **学习阶段** | |
|  | | | | | | | | | | | | | | | | | | | |
| **工作简历** | **起止时间**  **（年、月）** | | | | | **工 作 单 位** | | | | | | | | | | | | | **职务、职位** | |
|  | | | | | | | | | | | | | | | | | | | |
| **获奖情况及资质证书情 况** |  | | | | | | | | | | | | | | | | | | | |
| **个人特长** |  | | | | | | | | | | | | | | | | | | | |
| **家庭主要**  **成员情况** | **关 系** | | **姓 名** | | | | | **工作单位及职务** | | | | | | | | | | | | |
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|  | |  | | | | |  | | | | | | | | | | | | |
| **本人承诺** | 本人承诺：上述表格中所填写的内容真实、完整，如因个人填报失实而被取消资格的，由本人负责。  报名人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | |
| **审查意见** | 审查人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | |