河南省疾病预防控制中心公开招聘工作人员报名表

**应聘岗位**：                              **专业（方向）**：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **一、申请人基本信息** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | |  | | | 性别 | |  | | 出生日期 | | | |  | | | 籍贯 | |  | | | | 民族 | |  | | 本人照片 |
| 职称 | |  | | | 政治面貌 | | | |  | | | | 身份证号 | | |  | | | | | | | | | |
| 攻读学位 | | |  | | 专业名称 | | | |  | | | | | | | 导师姓名 | | |  | | | | | | |
| 培养方式 | | |  | | 医师资格证书编号 | | | | | | |  | | | | | | | | | | | | | |
| 健康状况 | | |  | 婚姻状况 | | | |  | | | 电子信箱 | | | |  | | | | | | 联系电话 | | | |  | |
| **二、学习及工作简历** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学  习  经  历 | 起止时间 | | | | | 所在学校 | | | | | | | | | | | 专业 | | | | | | 学位 | | | |
| 年月—年月 | | | | |  | | | | | | | | | | |  | | | | | |  | | | |
| 年月—年月 | | | | |  | | | | | | | | | | |  | | | | | |  | | | |
| 年月—年月 | | | | |  | | | | | | | | | | |  | | | | | |  | | | |
| 工  作  简  历 | 起止时间 | | | | | 所在单位 | | | | | | | | | | | 从事专业 | | | | | | 工作岗位 | | | |
| 年月—年月 | | | | |  | | | | | | | | | | |  | | | | | |  | | | |
| 年月—年月 | | | | |  | | | | | | | | | | |  | | | | | |  | | | |
| 曾担任职务  （注明起止时间） | | | | |  | | | | | | | | | | | | 是否同意调剂到  其他专业 | | | | | |  | | | |
| 外语能力  （语种/级别） | | | | |  | | | | | | | | | 计算机能力/级别 | | | | | |  | | | | | | |
| 个人优势 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 学位论文情况 | | | | | 本科论文题目 | | | | |  | | | | | | | | | | | | | | | | |
| 硕士论文题目 | | | | |  | | | | | | | | | | | | | | | | |
| 博士论文题目 | | | | |  | | | | | | | | | | | | | | | | |
| 个人声明：本人保证所提交信息的真实性、合法性，承担因填写不实而产生的一切后果。      签名： | | | | | | | | | | | | | | | | | | | | | | | | | | |