附件2

**珠海市疾病预防控制中心招聘合同制职员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 | |  | | | 出生年月 | | |  | | | |  | |
| 政治面貌 |  | | 户籍（生源）所在地 | | | |  | | | | | | |
| 毕业院校及专业 |  | | | | | | | | | | | | |
| 毕业时间 |  | 学历 | |  | | | 学位 | |  | | | | |
| 现工作单位及职务 |  | | | | | | | | | | | | | | |
| 特 长 |  | | | | | | | | | | | | 身高（cm） | |  |
| 专业技  术职称 |  | | | | | 执业资格 | | | | |  | | | | |
| 联系电话 |  | | | | | 电子邮箱 | | | | |  | | | | |
| 联系地址 |  | | | | | | | | | | | | | | |
| 外语水平 |  | 计算机水平 | | |  | | | 身份证号 | | | |  | | | |
| 个人简历  （从高中起） |  | | | | | | | | | | | | | | |
| 报考职位 |  | | | | | | | | | | | | | | |
| 个人声明 | 以上情况属实。  本人确认签名： | | | | | | | | | | | | | | |
| 资格审查 | 审查日期： 审查人签名： | | | | | | | | | | | | | | |