2024年福建省职业病与化学中毒预防控制中心应聘人员报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | 性 别 | | |  | 出生年月 | |  | | | 一寸彩照 | |
| 应聘岗位 | | | | | |  | | | | | | | | |
| 籍 贯 | |  | | | | 政治面貌 | | |  | 外语水平 | |  | | |
| 身 高 | |  | | | | 家庭住址 | | |  | | | | | |
| 最高学历 | |  | | | | 最高学位 | | |  | 毕业时间 | |  | | |
| 毕业学校 | |  | | | | | | | | 专 业 | |  | | | | |
| 联系电话**(非常重要)** | |  | | | | | | | | 身份证号码 | |  | | | | |
| 导师姓名 | |  | | | | | | | | 导师单位 | |  | | | | |
| 专业技术资格情况 | | 专业技术等级： 证书编号： 取得时间： | | | | | | | | | | | | | | |
| 学习经历 | 经 历 | | | 起止年月 | | | | 院校名称 | | | 所学专业 | | 研究方向 | | | 学位 |
| 高中（中专） | | |  | | | |  | | |  | | / | | | / |
| 大专 | | |  | | | |  | | |  | | / | | | / |
| 本科 | | |  | | | |  | | |  | | / | | |  |
| 硕士 | | |  | | | |  | | |  | |  | | |  |
| 博士 | | |  | | | |  | | |  | |  | | |  |
| 实习工作经历 | 起止年月 | | | | 实习、工作、培训单位 | | | | | | | | | 岗 位 | | |
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|  | | | |  | | | | | | | | |  | | |
| 家庭情况 | 姓名 | | 关系 | | | | 工作单位 | | | | | 住址 | | | | |
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| 业绩 |  | | | | | | | | | | | | | | | |
| 特长 |  | | | | | | | | | | | | | | | |

本人保证以上所填资料真实准确，如有违事实，愿意取消报名、聘用资格。

填写人签名： 年 月 日