**2020年新疆克州阿合奇县疾控中心面向全国公开**

附件1

**招聘编制外工作人员报名审查登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **姓 名** |  | | | | | | | | | | | **性别** | |  | | | **族别** | | |  | | | | | | | **照片** | |
| **出 生年 月** |  | | | | | **政治面貌** | | |  | | | | | **婚姻状况** | | | | | |  | | | | | | |
| **户 口**  **所在地** |  | | | | | | | | **健康状况** | | | | |  | | | | | | | | | | | | |
| **身份证**  **号码** |  | |  |  |  | |  |  |  |  |  | |  |  | |  | |  |  | |  | |  |  |  | |
| **毕业院校及专业** | | | | |  | | | | | | | | | | | | | | | | | | | | | | **学历** |  |
| **家庭**  **住址** | |  | | | | | | | | | | | | | | | | | | | | | | | | | **邮政编码** |  |
| **联系电话** | |  | | | | | | **紧急联系人及号码** | | | | | | |  | | | | | | | | | | | | | |
| **应聘单位** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **岗位名称** | |  | | | | | | | | | | | | | | | | | | | | **岗位代码** | | | |  | | |
| **政策性照顾或**  **其他**  **放宽条件**  **申请** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **简**  **历** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **家庭**  **主要**  **成员**  **情况** | **关系** | **姓名** | **年龄** | **政治面貌** | **工作单位** |
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| **报名者**  **承诺** | **以上填报信息完全符合事实，无故意隐瞒、虚假申报或重复报名等行为；所提供的应聘材料和证书（件）均为真实有效；与应聘单位领导人员不存在须回避的关系。如有不实，一切后果由报名者自负。**  **报名者签名： 2020 年 月 日** | | | | |
| **户口**  **所在**  **乡村**  **(社区)**  **审核**  **意见** | **审核人（签名 盖章） 2020 年 月 日** | | | | |
| **招聘**  **单位**  **初审**  **意见** | **审核人（签名 盖章） 2020 年 月 日** | | | | |

资 格 审 查 记 录

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| **资格审查项目**  **（合格的打√）** | **户籍条件** | **政治表现** | **年龄条件** | **学历要求** | **专业要求** | **其他资格条件** |
|  |  |  |  |  |  |
| **验证人员**  **审核意见** | **工作人员签名： 2020 年 月 日** | | | | | |
| **报名者另需**  **说明的事项** | **报名者签名： 2020 年 月 日** | | | | | |