附件2

**湖州市疾控中心2018年卫生高层次人才招聘报名表**

编号：

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | 性别 | | |  | | 照  片 |
| 籍贯 | |  | | 出生年月 | | |  | |
| 学历学位 | |  | | 毕业院校 | | |  | |
| 毕业时间 | |  | | 所学专业及方向 | | |  | |
| 外语语种  及水平 | |  | | 技术职称 | | |  | | |
| 政治面貌 | |  | | 身份证号码 | | |  | | |
| 婚姻状况 | |  | | 现工作单位 | | |  | | |
| 通讯地址 | |  | | | | | | 邮政编码 |  |
| 联系电话 | |  | | | 手机 |  | | | |
| 起止年月 | | | 工作（学习简历）:工作单位、学习院校及专业 | | | | | | |
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| 报名人员签字确认： | | | | | | | | | |
| 其它需补充之内容 |  | | | | | | | | |

填表时间：