北京中医药大学国家中医药高等教育研究院院聘非事业编制人员信息登记表

**注意事项：请如实认真填写此表，切勿留空白项；若确实没有相关信息，请填写“无”。**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名/曾用名 | |  | | | | | 身份证号 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | 照  片 |
| 出生 日期 | |  | | | | | 性别 | | | |  | 籍贯 | | 省 市 | | | | | | | | 出生地 | | | | | | 省 市 | | | | | | | | |
| 民族 | |  | | | | | 政治面貌 | | | |  | | | 婚姻状况 | | | | | |  | | 生育状况 | | | | | |  | | | | | | | | |
| 手机 | |  | | | | | | | | | Email： | | |  | | | | | | | | | | | | |  | | | | | | | | | |
| 户口 所在地 | | 省 市 | | | | | | | | | 户口性质 | □本地城镇，□本地农村  □其他城镇，□其他农村 | | | | | | | | | | | | | | | 工作居住证：□有，□无  编号： | | | | | | | | | | |
| 最高 学历 | |  | | | | 毕业时间 | | 年 月 | | | | 毕业院校 | |  | | | | | | | | | | | | | 专业 | |  | | | | | | | | |
| 具有何种职业资格 | | | |  | | | | | | | | | | 前用人 单位 | | | | |  | | | | | | | | | | | | | 所任 职务 |  | | | | |
| 拟聘岗位 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否符合回避要求：□是，□否（具体指：与设岗单位正副职负责人无夫妻关系、直系血亲关系、三代以内旁系血亲关系、近姻亲关系、其他亲属关系，同时无师生关系。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 人事档  案关系 | | 存档单位：  存档时间： | | | | | | | | | | | | | 查阅档案结果 | | | | | | | | | | | □无问题，□思想政治问题，□业务问题  □其他情况\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| 党员组织关系 | | 入党时间： 年 月 | | | | | | | | | | | | | 原党组织联系方式 | | | | | | | | | |  | | | | | | | | | | | | |
| 社会保险 （养老、失业、工伤） | | | | | | | □有，□无  □本地，□其他 | | | | | | 基本医疗 保险 | | | □有，□无  □本地，□其他 | | | | | | | | | | | | | | 住房 公积金 | | | | | □有，□无  □本地，□其他 | | |
| **主要教育经历（由大学起）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **教育时间** | | | | | | | | | | **院校名称** | | | | | | | | | | | **专业** | | | | | | | | | | **学历** | | | | | **学位** | | |
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| **主要工作经历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **工作时间** | | | | | | | | | | **工作单位** | | | | | | | | **职位** | | | | | | **主要从事** | | | | | | | | | | **离职原因** | | | | |
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| **前用人单位等信息** | | | 离职时间 | | | | | | |  | | | | | | | 离职原因 | | | | | |  | | | | | | | | | | | | | | | |
| 是否与前用人单位约定了保密协议与竞业限制条款：□是，□否  若“是”，则：□管制期限已过，□但与我单位无业务关联 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否与前用人单位有未尽的法律事宜：□否，□是（请简要描述：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否曾经或正在追究与承担过刑责：□否，□是（请简要描述：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要家庭成员 | 姓名 | | | | 关系 | | | | 出生时间 | | | 工作单位 | | | | | | | | | | | | | | | | | | | | | | | | | 联系电话 |
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| 近亲属工作单位是否与学校存在业务关联：□是 □否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人声明：此表注意事项已阅读，以上情况均如实、正确填写。  签字： 日期： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |