武胜县疾病预防控制中心公开招聘编外

汽车驾驶员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | | **性别** |  | **出生年月** |  | | | **照片** | |
| **身份证号码** | |  | | | | **政治面貌** |  | | |
| **全日制**  **教 育** | | **学历** |  | | **毕业院校** |  | | | |
| **学位** |  | |
| **毕业时间** |  | | **毕业专业** |  | | | | | |
| **在职教育** | | **学历** |  | | **毕业院校** |  | | | | | |
| **学位** |  | |
| **毕业时间** |  | | **毕业专业** |  | | | | | |
| **报考岗位** | |  | | | | | | **籍贯** | | |  |
| **现有驾**  **驶资格** | |  | | | | | **初次领**  **证时间** | |  | | |
| **家庭详**  **细地址** | |  | | | | | **联系方式** | |  | | |
| **个人简历**  **（从初中开始）** | |  | | | | | | | | | |
| **奖惩情况** | |  | | | | | | | | | |
| **审核**  **意见** | | **审核人签名： 年 月 日** | | | | | | | | | |
| **填表说明** | | **1.此表相关内容由本人按要求如实填写。发现弄虚作假的，取消报名或聘用资格，后果由考生负责。 2.字迹清楚，不得涂改。报名表上交后一律不予更改。** | | | | | | | | | |

**本人确认签名：**