附件 报名序号（工作人员填写）：\_\_\_\_\_\_\_\_\_\_\_\_\_

2024年温州市龙湾区卫生监督所公开招聘卫生监督协管员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | 性 别 | | |  | | | 出生年月 | | | | |  | | | | 贴一寸近照 |
| 身份证号 |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| 政治面貌 |  | | | | 现户口所在县（市、区） | | | | | | | | | | |  | | | |
| 学 历 |  | | | | | | | 是否全日制 | | | | | |  | | | | | |
| 毕业院校 |  | | | | | | | 所学专业 | | | | | |  | | | | | | |
| 现工作单位 |  | | | | | | | | | | | | 婚姻状况 | | | | | | |  |
| 人员身份 | 社会人员□ 退伍军人□ （在相应的方框内打“√”） | | | | | | | | | | | | | | | | | | | |
| 联系地址 |  | | | | | | | | | | | | | | | 手机号码 | | | |  |
| 个人简历  （从高中填起） |  | | | | | | | | | | | | | | | | | | | |
| 奖惩情况 |  | | | | | | | | | | | | | | | | | | | |
| **本人声明：上述填写内容真实完整。如有不实，本人愿承担取消招聘资格的责任。** | | | | | | | | | | | | | | | | | | | | |
| **声明人（签名）： 年 月 日** | | | | | | | | | | | | | | | | | | | | |
| 资格审核意 见 | 审核人(2名)：  年 月 日 | | | | | | | | | | | | | | | | | | | |