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| 福建省医学科学研究院公开招聘工作人员报名表 | | | | | | | | | | | | | | | | | | | |
| 填表时间： 年 月 日 | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | 性别 |  | | 出生年月 | | | |  | | | 政治面貌 | |  | | |  | |
| 民族 |  | | 籍贯 |  | | | | 学历 | |  | | | 学位 | |  | | |
| 毕业院校 | |  | | | | | | | | 毕业时间 | | |  | | | | |
| 专业 | |  | | | | | 专业技术职务(资格) | | | | | |  | | | | |
| 外语语种 及水平 | |  | | | 国家计算机 水平等级 | | | |  | | 学历类别 (全日制或成人) | | | | |  | | | |
| 联系电话 | |  | | | | | | | | e-mail | | |  | | | | | | |
| 通讯地址 | |  | | | | | | | | | | 邮政编码 | |  | | | 婚姻状况 | |  |
| 主要简历何年何月至何年何月在何学校或单位学习或工作、任何职务 | |  | | | | | | | | | | | | | | | | | |
| 家庭主要成员及社会关系(含配偶、子女、夫妻双方父母、双方兄弟姐妹)的姓名、现工作单位、职务 | |  | | | | | | | | | | | | | | | | | |
| 身份证号码 | |  | | | | | | | | | | | | | | | | | |
| 本人承诺以上填写内容均属实，如有不实之处，引起的责任后果自负。  应聘者签名：　　　　 年 月 日 | | | | | | | | | | | | | | | | | | | |