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| **报考单位** |  | | | | | | | | | | **照片** |
| **姓名** |  | **性别** | | |  | | **出生年月** | |  | |
| **籍贯** |  | **民族** | | |  | | **政治面貌** | |  | |
| **毕业院校** |  | | | | | | **毕业时间** | |  | |
| **学历** |  | | | **学位** | |  | | **专业** |  | | |
| **身份证号码** | |  | | | | | | **联系电话** |  | | |
| **现职称及职务** | | |  | | | | | **取得职称资格证时间** | |  | |
| **学习和工作经历** |  | | | | | | | | | | |
| **本人承诺** | **上述填写内容及报名附带材料真实完整。如有不实，责任自负。**  **申请人（签 名）：**  **年   月   日** | | | | | | | | | | |
| **审核意见** | **审核人（签 名）：**  **年   月  日** | | | | | | | | | | |

附件2

**南充市妇幼保健计划生育服务中心2017年下半年公开考核招聘工作人员报名信息表**