**北京市职业病防治院**

**公开招聘岗位报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 报考岗位： | | | | | |  | | | | | | | | | | | 专业： | | | | | | | | | | | | |  | | | | |
| 身份证号 | | |  |  |  | |  |  |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  |  | |  | **个人照片电子版** | | |
| 姓名 |  | | | | | | 性别 | | | | |  | | | | | 民族 | | | | | | | | | |  | | | | |
| 出生  年月 |  | | | | | | 政治  面貌 | | | | |  | | | | | 健康  状况 | | | | | | | | | |  | | | | |
| 外语  水平 |  | | | | | | 本人手机号 | | | | | | | | | |  | | | | | | | | | | | | | | |
| 籍 贯 |  | | | | | | 专业技术职称  或职业（执业）资格 | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 毕业院校 | | | | | | |  | | | | | | | | | | | | | | | | | 专业 | | | | | | | |  | | |
| 学 历 | | | | | | |  | | | | | | 学 位 | | | | | |  | | | | | | | | 毕业  时间 | | | | | | |  |
| 参加工作时间  (没有填写无) | | | | | | |  | | | | | | | | | | 是否  应届毕业 | | | | | | | | | |  | | | | | | | |
| 是否北京  常住户口 | | | | | | |  | | | | | | | 户籍所在地  详细地址 | | | | | | | | |  | | | | | | | | | | | |
| 家 庭 住 址 | | | | | | |  | | | | | | | | | | | | | | | | | | | | 邮编 | | | | |  | | |
| 现工作单位、学校 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 电子邮箱 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 紧急联系人手机号 | |  | | | | | | | | 紧急  联系人  电话 | | | | | | |  | | | | | | | | 紧急联系人与本人关系 | | | | | | | |  | |
| 人事档案  存档单位名称 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 人事档案存放地  详细地址 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学习、工作经历  （何年何月至何年何月在何地、何单位工作或学习、任何职，从中学开始，按时间先后顺序填写） | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖 惩  情 况 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人业绩  （包括但不仅限于课题、研究、论文发表、项目经验等） | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本 人  签 字 | | | | | | | 表中所填信息属实，并服从单位分配。  报考人员签字： | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 需要补  充说明  的情况 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |

备注：以上信息均为必填项，空项请填无。