**云南省传染病医院2022年招聘科研助理财务岗工作人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓   名 |  | | 性别 | | | |  | | 籍贯 | |  | | | 民族 | |  | | 出生年月 | | |  | |
| 联系电话 | | |  | | | | | | | | | 家庭地址 | | |  | | | | | | | |
| 身份证号 |  | | | | | | | | 政治  面貌 | |  | | | | | | 电子  邮箱 | |  | | | |
| 本科毕业  学校 | |  | | | | 本科专业  （与毕业证书一致） | | | |  | | | 本科专业  研究方向 | | |  | | | | 本科毕业时间 | |  |
| 硕士研究生毕业学校 | |  | | | | 硕士专业  （与毕业证书一致） | | | |  | | | 硕士专业  研究方向 | | |  | | | | 硕士毕业时间 | |  |
| 家庭成员及主要社会关系 | | 姓名 | | 与本人关系 | | | | 工作单位及职务 | | | | | | | | | | | | | | |
|  | |  | | | |  | | | | | | | | | | | | | | |
|  | |  | | | |  | | | | | | | | | | | | | | |
|  | |  | | | |  | | | | | | | | | | | | | | |
| 工作经历  （含实习） | | 开始时间 | | | 终止时间 | | | | 职位（称）名称 | | | | | | 任职单位 | | | | | | 其它 | |
|  | | |  | | | |  | | | | | |  | | | | | |  | |
|  | | |  | | | |  | | | | | |  | | | | | |  | |
| 近三年主要研究内容、方向 | |  | | | | | | | | | | | | | | | | | | | | |
| 代表性成果及奖励 | |  | | | | | | | | | | | | | | | | | | | | |
| 特长及自我评价 | |  | | | | | | | | | | | | | | | | | | | | |
| 承诺书 | | 本人郑重承诺：  上述填写内容和提供的相关证真实可靠，符合报名条件。如有不实，弄虚作假，本人自愿放弃聘用资格并承担相应责任。                                                   承诺人签名：                                                                 年     月     日 | | | | | | | | | | | | | | | | | | | | |