附件1：

**北京市公共卫生热线（12320）服务中心**

**公开招考工作人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** | |  | | | **民族** | |  | | **出生年月** | |  | | **2寸照片**  jpg格式  35×45mm |
| **政治面貌** |  | **参加工作时间** | | | | |  | | | | **婚姻状况** | |  | |
| **身份证号** |  | | | | | | | | | | **报考岗位** | |  | |
| **英语水平** |  | | **职称或职业资格** | | |  | | | | | **计算机水平** | |  | |
| **学历**  **学位** | **全日制教育** | |  | | | **毕业院校及所学专业** | | | | | |  | | | |
| **教育起止时间** | | | | | |  | | | |
| **在职教育** | |  | | | **毕业院校及所学专业** | | | | | |  | | | |
| **教育起止时间** | | | | | |  | | | |
| **现工作单位及职务** |  | | | | | | | | | | | **手机** | |  | |
| **家庭住址** |  | | | | | | | | | | | | | | |
| **工作经历及职务** |  | | | | | | | | | | | | | | |
| **奖励情况** |  | | | | | | | | | | | | | | |
| **家庭**  **成员**  **情况** | 与本人关系 | | | | 姓名 | | | 年龄 | | 政治面貌 | | | 工作单位及职务 | | |
|  | | | |  | | |  | |  | | |  | | |
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|  | | | |  | | |  | |  | | |  | | |
| **资格审查意见** | 招聘单位意见：符合条件（）；不符合条件（）。  审核人意见：  年月日 | | | | | | | | | | | | | | |