**附件**

**海南省疾病预防控制中心拟聘人员报名表**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | **性 别** |  | **民 族** |  | **籍 贯** |  |
| **出生年月** |  | **政治面貌** |  | **婚姻状况** |  | **健康状况** |  |
| **学历学位** |  | | | **毕业学校及专业** |  | | |
| **现有职称及执业资格** |  | | | **取得时间** |  | | |
| **应聘岗位** |  | | | | | | |
| **联系电话** |  | | | **邮箱** |  | | |
| **通讯地址及邮编** |  | | | | | | |
| **学**  **习**  **经**  **历** |  | | | | | | |
| **工**  **作**  **经**  **历** |  | | | | | | |