**附件2**

**2025年济宁市疾病预防控制中心“校园双选会”报名登记表**

**填报时间： 年 月 日**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | **性别** | |  | | **出生年月** |  | | **民族** |  | | **一寸照片** | |
| **身份证号** |  | | | | | | **政治面貌** |  | | **籍贯** |  | |
| **家庭住址** |  | | | | | | **联系电话** |  | | **备用电话** |  | |
| **签订就业**  **协议情况** |  | | | | | | | | | | | | | |
| **主要家庭成员情况**  **（可另附纸）** | **称谓** | **姓名** | | | | **出生年月** | | **政治面貌** | | | **工作单位及职务** | | | |
|  |  | | | |  | |  | | |  | | | |
|  |  | | | |  | |  | | |  | | | |
|  |  | | | |  | |  | | |  | | | |
| **个人简历**  **（从高中开始填写，可另附纸）** | **起止时间** | | | | | **学历学位** | | | **毕业学校（工作单位）** | | | **专业** | | |
|  | | | | |  | | |  | | |  | | |
|  | | | | |  | | |  | | |  | | |
|  | | | | |  | | |  | | |  | | |
| **科研情况（可另附纸）** | **刊发/参与时间** | | | **刊发平台/项目类别** | | | | | **论文标题/科研项目名称** | | | | | **位次** |
|  | | |  | | | | |  | | | | |  |
|  | | |  | | | | |  | | | | |  |
|  | | |  | | | | |  | | | | |  |
| **本人签字** | **本人承诺：以上各项信息真实、准确、有效。**  **本人签字（按手印）：**  **年 月 日（手写日期）** | | | | | | | | | | | | | |
| **资格审查**  **意见（用人单位填写）** | **（盖章）**  **年 月 日** | | | | | | | | | | | | | |