附件2

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | | **出生日期** | |  | | **民族** | |  | | **照片** |
| **性别** |  | | | **政治面貌** | |  | | **身高** | |  | |
| **婚姻**  **状况** |  | | | **生源地（入学前户籍）** | |  | | **体重** | |  | |
| **毕业院校** | | |  | | | | **所学专业** | | |  | |
| **学历** | |  | | **培养方式** | | **（填统招或定向）** | | | | | | |
| **学位** | |  | | **学制** | | **（年）** | | | **外语语种**  **及等级** | |  | |
| **联系**  **电话** | |  | | **手机号码** | |  | | | **电子邮箱** | |  | |
| **家庭常住地址**  **及邮编** | | | |  | | | | | | | | |
| **学习**  **简历**  **（从初中写起）** | | **起止时间** | | | **学校名称** | | | | | | **专业** | |
|  | | |  | | | | | |  | |
|  | | |  | | | | | |  | |
|  | | |  | | | | | |  | |
|  | | |  | | | | | |  | |
|  | | |  | | | | | |  | |
|  | | |  | | | | | |  | |
| **实习简历或参加培训、社会实践** | | **起止时间** | | | **单位及岗位名称** | | | | | | **从事工作** | |
|  | | |  | | | | | |  | |
|  | | |  | | | | | |  | |
|  | | |  | | | | | |  | |
|  | | |  | | | | | |  | |

**北京市公共卫生信息中心公开招聘登记表**

**（应届毕业生填写）**

**报考岗位： 填表时间： 年 月 日**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **家庭情况**  **（包括父母、爱人、子女、兄弟姐妹）** | **姓名** | **关系** | **年龄** | **文化程度** | **工作单位、职务** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **其他需要说明的情况：** | | | | | |