附件:1

**贵州省六盘水市医药有限公司2022年公开招聘劳务派遣人员报名登记表**

编号:    填表日期     年   月   日

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| 姓 名 | | |  | | | 性别 | |  | | | 出生年月 | | |  | | | | 照片 |
| 民 族 | | |  | | | 婚否 | |  | | | 身体状况 | | |  | | | |
| 籍 贯 | | |  | | | | | | | | 政治面貌 | | |  | | | |
| 户籍地 | | |  | | | | | | | | 身份证号码 | | |  | | | |
| 文化程度 | | |  | | | 专业 | |  | | | | | | 职称(技能等级) | | | |  |
| 现工作单位 | | |  | | | | | | | | | | | 现任职务 | | | |  |
| 联系电话 | | |  | | | | 联系邮箱 | | |  | | | 家庭住址 | |  | | | |
| 工  作  简  历 | | | 时间 | | 单位 | | | | | | | 职  务(工种) | | | | 离 职 原 因 | | |
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| 学  习  及  进  修  情  况 | | 时   间 | | | 学习、进修院校及专业 | | | | | | | | | | | 学   位 | | |
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| 家  庭  主  要  成  员 | 称   谓 | | | | 姓   名 | | | | 工 作 单 位 及 职 务 | | | | | | | | | |
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| 应聘人承诺以上内容的真实性,如有虚假,市医药公司拒绝聘用。  应聘人签名: | | | | | | | | | | | | | | | | | | |
| 面  试  体  检  考  察  结  果 | |  | | | | | | | | | | | | | | | | |
| 应聘岗位 | | | |  | | | | | | | | | 是否服从岗位调剂 | | | |  | |
| 相关科室  意见 | | | | 年    月   日 | | | | | | | | | | | | | | |
| 办公室  意见 | | | | 年    月   日 | | | | | | | | | | | | | | |
| 分管领导  意见 | | | |  | | | | | | | | | | | | | | |
| 主要负责人意见 | | | | 年    月   日 | | | | | | | | | | | | | | |
| 备注 | | | | 市医药公司对本次聘用资料保密,未被聘用者资料恕不退还。 | | | | | | | | | | | | | | |

单位地址:贵州省六盘水市钟山区钟山西路                邮编:553000电话:0858-6779188