附件2

**中国造血干细胞捐献者资料库贵州省管理中心（贵州省人体器官与细胞组织捐献管理中心）2018年公开招聘工作人员报名表**

报名序号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | |  | | | | 性别 | | | |  | | | | 民族 | | | | |  | | | | | | | 考生照片 | |
| 身份  证号 | | |  | | | | | | | | | | | | 出生  日期 | | | | |  | | | | | | |
| 政治  面貌 | | |  | | | | | | | | 户籍  所在地 | | | | | |  | | | | | | | | | |
| 学历 | | |  | | | | 学位 | |  | | | | | | 毕业  时间 | | | |  | | | | | | | |
| 所学专业具体名称 | | | | | |  | | | | | | | | 毕业  院校 | |  | | | | | | | | | | |
| 工作单位 | | |  | | | | | | | | 工作年限 | | | |  | | | | | 参加工作时间 | | | | | | | |  |
| 专业职称 | | |  | | | | | | | | | | | 专业职务 | | | | | | |  | | | | | | | |
| 职业（从业）资格证 | | | | | | | |  | | | | | | | | | | 电子邮箱 | | | | |  | | | | | |
| 是否满足该职位要求的其他报考条件 | | | | | | | | | | | | |  | | | | | | | | 联系电话 | | | | |  | | |
| 具体  说明 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要简历 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 报考单位及代码 | | | | |  | | | | | | | | | | 报考职位及代码 | | | | | | | | | |  | | | |
| 考试类别及代码 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 考试科目 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 报名信息  确认栏 | | | 以上填写信息均为本人真实情况，若有虚假、遗漏、错误，责任自负。  考生签名：代报人员签名： | | | | | | | | | | | | | | | | | | | | | | | | | |
| 原  单  位  意  见 | 提供单位证明或单位公章  201 年月日（盖章） | | | | | | | | | 招  考  单  位  初  审  意  见 | | 审查人签字：  201 年月日（盖章） | | | | | | | | | | 招  考  单  位  复  审  意  见 | | 审查人签字：  201 年月日（盖章） | | | | |