永安市疾病预防控制中心驾驶员

人员报名登记表

　　　　　填表时间： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 | |  | | | 出生年月 | | |  | | | 政治面貌 | | |  | | | 照  片 | | | |
| 民族 |  | | | 籍贯 | |  | | | 学 历 | | |  | | | 学 位 | | |  | | |
| 健康状况 | |  | | | | | | | 身 高 | | |  | | | 婚姻状况 | | |  | | |
| 毕业院校及专业 | |  | | | | | | | | | | 毕业时间 | | |  | | | | | |
| 联系电话 | |  | | | | | | | | | | 驾驶证级别 | | | | | |  | | | | | | |
| 通讯地址 | |  | | | | | | | | | | | | | 邮政编码 | | |  | | | | | | |
| 身份证号码 | |  |  | |  | |  |  |  |  |  | |  |  | |  |  |  |  |  | |  |  |  |
| 主要简历(何年何月至何年何月在何学校或单位学习或工作、任何职务) | |  | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员及社会关系的姓名、现工作单位、职务 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 主要业绩、  奖惩情况、  专长等 | |  | | | | | | | | | | | | | | | | | | | | | | |