山东药品食品职业学院招聘报名登记表

报名时间： 年 月 日

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| 姓 名 |  | | | | | 性 别 | | | |  | | | | | 出 生  年 月 | | |  | | | 上传一寸近期  正面免冠彩色相片 | | | |
| 民 族 |  | | | | | 籍 贯 | | | |  | | | | | 出生地 | | |  | | |
| 参加工  作时间 |  | | | | | 入 党  时 间 | | | |  | | | | | 健 康  状 况 | | |  | | |
| 身份证  号码 |  | | | | | | | | | | | | | | | | | | | |
| 原工作单位  及 职 务 | | | |  | | | | | | | | | | | | | | | | | | | | |
| 学 历  学 位 | 全日制  教 育 | | | | | |  | | | | 毕业院校  系及专业 | | | | |  | | | | | | | | |
| 在 职  教 育 | | | | | |  | | | | 毕业院校  系及专业 | | | | |  | | | | | | | | |
| 专业技术  职务 | | | | | | |  | | | | | | | 专业技术职务取得  及聘任时间 | | | | | | |  | | | |
| 单位详细通讯地址及邮政编码 | | | | | | |  | | | | | | | | | | | | | | | | | |
| 办公电话 | | |  | | | | | 手机 | | | | |  | | | | | | | 电子  信箱 | |  | | |
| 住宅电话 | | |  | | | | |
| 大 学 本 科 以 上 学 习 经 历 | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | | | 毕 业 院 校 系 及 所 学 专 业 | | | | | | | | | | | | | | 学习形式 | | | | 学 制 | 学 历  学 位 |
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| 主 要 工 作 经 历 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | | | | | 工 作 单 位 及 职 务 | | | | | | | | | | | | | | | | | | |
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| 本科及研究生开设主要课程 | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 工作期间完成的主要工作 | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员及社会关系 | | 称谓 | | | 姓名 | | | | 年龄 | | | 政治面貌 | | | | | 工作单位及职务 | | | | | | | | |
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| 本人承诺 | | 本报名表所填写的信息准确无误，所提交的证件、资料和照片真实有效，若有虚假，所产生的一切后果由本人承担。    报名人（签名）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |

注：1、请按照规定内容和格式填写，要求规范、真实、有效。