**吉林省药品监督管理局**

**2020年公开选聘兼职药品检查员报名及资格审查表**

**申报岗位：**

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| **姓名** | |  | | **性别** | | | |  | | | | **出生年月** | | |  | | | **（1寸免冠彩照）** | | | | | |
| **民族** | |  | | **籍贯** | | | |  | | | | **政治面貌** | | |  | | |
| **身份证号** | |  | | | | | | | | **联系电话和电子邮箱** | | | |  | | | |
| **第一学历和学位** | | |  | | **毕业学校专业** | | | |  | | | | | | | | **毕业**  **时间** | | | | | |  |
| **最高学历和学位** | | |  | | **毕业学校专业** | | | |  | | | | | | | | **毕业**  **时间** | | | | | |  |
| **现工作单位** | | | 现无工作单位者填写“无” | | | | | | | | | | **是否已为国家机关事业**  **单位正式编制人员** | | | | | | **是**  **否** | | | | |
| **职务**  **（职称）** | | |  | | | | **有何特长** | | | |  | | | | | **婚姻**  **状况** | | | | | |  | |
| **学习经历**  **（从大学经历填起）** | **起止时间**  **（年、月）** | | | | | **毕业院校及专业** | | | | | | | | | | | | | | **学习阶段** | | | |
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| **主要工作**  **经历** | **起止时间**  **（年、月）** | | | | | **工作单位** | | | | | | | | | | | | | | **职务、职位** | | | |
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| **学习表现**  **或工作业绩**  **简介** | （此处为简介，请另以word格式撰写一份反映个人能力、学习表现或工作业绩的总结，字数限定在500字以内） | | | | | | | | | | | | | | | | | | | | | | |
| **获奖情况及资质证书**  **情 况** | 填简要信息并复印附后 | | | | | | | | | | | | | | | | | | | | | | |
| **本人承诺** | 我已经仔细阅读吉林省药品监督管理局公开招聘兼职药品检查员相关信息，理解其内容，符合应聘岗位条件要求。我郑重承诺：本人所提供的个人信息、证明资料、证件等真实、准确，并自觉遵守公开招聘各项规定，遵从吉林省药品审核查验中心岗位、职务、职称等工作安排，认真履行工作人员义务；诚实守信、严守纪律和规定。对因提供有关信息证件不实或违反有关规定和承诺所造成的后果，本人自愿承担相关责任。  报考人员签名（手签）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | |
| **本人单位**  **意见** | （公章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | |

...................................(以下为招考单位填写).........................................

**报考资格审核人（签名）： 人事部门复审人（签名）： （章） 年 月 日**