# 甘肃中医药大学2017年应聘人事代理人员资格审查表

**岗位类别： 所学专业：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | |  | | | | | | | 性别 | | |  | | | | 出生日期 | | | | |  | | | | | | | | | | 照  片 | |
| 婚否 |  | | | | 民族 | | | | | |  | | | | | 籍贯 | | |  | | | | | | 身高 | | |  | | | |
| 身份证件号码 | | | |  | | | | | | | | | | | | | | | | | | | | 体重kg | | | |  | | | |
| 出生地 | |  | | | | | | | | | | | | | 户口所在地 | | | | |  | | | | | | | | | | | |
| 户口所在地详细地址 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 毕业学校/工作单位 | | | | | | | |  | | | | | | | | | | | | | | | | | | 政治面貌 | | | | |  | | |
| 移动电话 | | | | | | | |  | | | | | | | | | | | | | E-mail | | | | |  | | | | | | | |
| 何时何地何种原因受过何种奖励 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | | | 与本人关系 | | | | | | | | 在何单位工作/任何职务 | | | | | | | | | | | | | | | | | | 联系电话 | | | |
|  | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | |
| 学习与工作经历（从高中起） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | | | | | 学习或工作单位 | | | | | | | | | | | | | | | | | | | | 任何职务 | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| 考生档案所在地 | | | | |  | | | | | | | | | | | | | 考生档案所在单位名称 | | | | | | | | |  | | | | | | |
| 考生档案所在单位地址 | | | | | | | | |  | | | | | | | | | | | | | | | | | | 考生档案所在单位邮政编码 | | | | | |  |
| 博士学历、学位 | | | | | | 年　 月毕业于 　　 学校  专业，获 学位 | | | | | | | | | | | | | | | | | 证书编号 | | | | | | 毕业证：  学位证： | | | | |
| 硕士学历、学位 | | | | | | 年　 月毕业于 　　 学校  专业，获 学位 | | | | | | | | | | | | | | | | | 证书编号 | | | | | | 毕业证：  学位证： | | | | |
| 本科学历、学位 | | | | | | 年　 月毕业于 　　 学校  专业，获 学位 | | | | | | | | | | | | | | | | | 证书编号 | | | | | | 毕业证：  学位证： | | | | |
| 应聘单位审核意见：  **负责人签字： （盖章）**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：1.本表须由考生本人如实填写，否则所产生的一切后果由考生本人负责。

2.学历学位等相应信息请一律按照所获证书上内容填写。