天津港保税区2024年度社区卫生服务中心派遣制工作人员信息登记表

职务： 身份证号：填表日期: 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | | 性别 | | | | |  | | | | | 民族 | | |  | | | | | | | 籍贯 | | | |  | | | | | | | | |
| 出生日期 |  | | | | 健康  状况 | | | | |  | | | | | 邮箱 | | |  | | | | | | | | | | | | | | | | | | | |
| 婚姻状况 |  | | | 生育状况 | | | | |  | | | | | | 户口类型 | | |  | | | | | | | | | | | 户口所在地 | | | | | |  | | |
| 政治面貌 |  | | | 入党时间 | | | | |  | | | | | | | | | | | | | | 联系电话 | | | | | |  | | | | | | | | |
| 现住址 |  | | | | | | | | | | | | | | | | | | | | | | 紧急联系电话 | | | | | |  | | | | | | | | |
| **学习情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 原学历 |  | | | | | 原学位 | | | | | | | |  | | | | | | | | | 毕业时间 | | | | | |  | | | | | | | | |
| 最高学历 |  | | | | | 最高学位 | | | | | | | |  | | | | | | | | | 毕业时间 | | | | | |  | | | | | | | | |
| 主要学习经历 | 起止时间 | | | | | 学校名称 | | | | | | | | | | | 所学专业 | | | | | | | | | | 学习形式 | | | | | | 学位 | | | | 学制 |
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| **工作情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 执业资格 |  | | | | | | | | | | | 执业注册情况及首次注册时间 | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 执业证书编号 |  | | | | | | | | | | | 执业类别 | | | | | |  | | | | | | | | | 执业范围 | | | | | | | | |  | |
| 其他证书  或荣誉 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专业技术资格证书取得情况 | 证书名称 | | | | | | | | | | 取得时间 | | | | | | | | | | | | 专业类别 | | | | | | | | 资格级别 | | | | | | |
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| 培训经历 | 参加培训时间 | | | | | 参加培训名称 | | | | | | | | | | | | | 培训形式 | | | | | | | | | 取得何种证明/证书 | | | | | | | | | |
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| 主要工作经历 | 起止时间 | | | | | | | 单位名称 | | | | | | | | | | | | | | | | 部门 | | | | | | | | | | 职务 | | | |
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| **家庭情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 配偶情况 | 姓名 |  | | | | | 出生日期 | | | | | |  | | | | | | | | 民族 | | | | |  | | | | 籍贯 | |  | | | | | |
| 工作单位名称及所在部门和职务 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 部门  电话 | |  | | | | | |
| 最高学历 | |  | | | | | | | 政治  面貌 | | | | | |  | | | | | | | 联系方式 | | | | | | |  | | | | | | | |
| 主要家庭成员 | 称谓 | 姓名 | | | | 性别 | | | | 出生  年月 | | | | | | 政治面貌 | | | | 工作单位及职务 | | | | | | | | | | | | 联 系 方 式 | | | | | |
| 父亲 |  | | | |  | | | |  | | | | | |  | | | |  | | | | | | | | | | | |  | | | | | |
| 母亲 |  | | | |  | | | |  | | | | | |  | | | |  | | | | | | | | | | | |  | | | | | |
| 子女 |  | | | |  | | | |  | | | | | |  | | | |  | | | | | | | | | | | |  | | | | | |
| 子女 |  | | | |  | | | |  | | | | | |  | | | |  | | | | | | | | | | | |  | | | | | |
| 社会关系 |  |  | | | |  | | | |  | | | | | |  | | | |  | | | | | | | | | | | |  | | | | | |
| **其他情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 何时何地受何奖励或处分？ | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 有何政治历史问题？结论否？ | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：所填信息本单位承诺保密。请保证所填写资料真实性与准确性，书写工整，否则后果自负。

填表人签字：