北京中医药大学继续教育学院院聘非事业编制人员信息登记表

**注意事项：请如实认真填写此表，切勿留空白项；若确实没有相关信息，请填写“无”。**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名/曾用名 | |  | | | | | 身份证号 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 照  片 |
| 出生 日期 | |  | | | | | 性别 | | | |  | 籍贯 | | 省 市 | | | | | | | 出生地 | | | | | | 省 市 | | | | | | | | |
| 民族 | |  | | | | | 政治面貌 | | | |  | | | 婚姻状况 | | | | |  | | 生育状况 | | | | | |  | | | | | | | | |
| 手机 | |  | | | | | | | | | Email： | | |  | | | | | | | | | | | |  | | | | | | | | | |
| 户口 所在地 | | 省 市 | | | | | | | | | 户口性质 | □本地城镇，□本地农村  □其他城镇，□其他农村 | | | | | | | | | | | | | | 工作居住证：□有，□无  编号： | | | | | | | | | | |
| 最高 学历 | |  | | | | 毕业时间 | | 年 月 | | | | 毕业院校 | |  | | | | | | | | | | | | 专业 | |  | | | | | | | | |
| 具有何种职业资格 | | | |  | | | | | | | | | | 前用人 单位 | | | |  | | | | | | | | | | | | | 所任 职务 |  | | | | |
| 拟聘岗位 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否符合回避要求：□是，□否（具体指：与设岗单位正副职负责人无夫妻关系、直系血亲关系、三代以内旁系血亲关系、近姻亲关系、其他亲属关系，同时无师生关系。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 人事档  案关系 | | 存档单位：  存档时间： | | | | | | | | | | | | | 查阅档案结果 | | | | | | | | | | □无问题，□思想政治问题，□业务问题  □其他情况\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| 党员组织关系 | | 入党时间： 年 月 | | | | | | | | | | | | | 原党组织联系方式 | | | | | | | | |  | | | | | | | | | | | | |
| 社会保险 （养老、失业、工伤） | | | | | | | □有，□无  □本地，□其他 | | | | | | 基本医疗 保险 | | | □有，□无  □本地，□其他 | | | | | | | | | | | | | 住房 公积金 | | | | | □有，□无  □本地，□其他 | | |
| **主要教育经历（由大学起）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **教育时间** | | | | | | | | | | **院校名称** | | | | | | | | | | **专业** | | | | | | | | | | **学历** | | | | | **学位** | | |
| 年 月～ 年 月 | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | |  | | |
| 年 月～ 年 月 | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | |  | | |
| 年 月～ 年 月 | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | |  | | |
| **主要工作经历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **工作时间** | | | | | | | | | | **工作单位** | | | | | | | | **职位** | | | | | **主要从事** | | | | | | | | | | **离职原因** | | | | |
| 年 月～ 年 月 | | | | | | | | | |  | | | | | | | |  | | | | |  | | | | | | | | | |  | | | | |
| 年 月～ 年 月 | | | | | | | | | |  | | | | | | | |  | | | | |  | | | | | | | | | |  | | | | |
| 年 月～ 年 月 | | | | | | | | | |  | | | | | | | |  | | | | |  | | | | | | | | | |  | | | | |
| 年 月～ 年 月 | | | | | | | | | |  | | | | | | | |  | | | | |  | | | | | | | | | |  | | | | |
| **前用人单位等信息** | | | 离职时间 | | | | | | |  | | | | | | | 离职原因 | | | | |  | | | | | | | | | | | | | | | |
| 是否与前用人单位约定了保密协议与竞业限制条款：□是，□否  若“是”，则：□管制期限已过，□但与我单位无业务关联 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否与前用人单位有未尽的法律事宜：□否，□是（请简要描述：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否曾经或正在追究与承担过刑责：□否，□是（请简要描述：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要家庭成员 | 姓名 | | | | 关系 | | | | 出生时间 | | | 工作单位 | | | | | | | | | | | | | | | | | | | | | | | | 联系电话 |
|  | | | |  | | | | 年 月 | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | |  | | | | 年 月 | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | |  | | | | 年 月 | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | |  | | | | 年 月 | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | |  | | | | 年 月 | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | |  | | | | 年 月 | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| 近亲属工作单位是否与学校存在业务关联：□是 □否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人声明：此表注意事项已阅读，以上情况均如实、正确填写。  签字： 日期： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

备注：“项目负责人意见”仅项目聘人员适用。