附件4：

**黑龙江中医药大学附属第三医院公开招聘工作人员**

**（人事代理）思想政治表现审查表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | | **性别** |  | | **出生年月** | | |  | | **身份证号** |  |
| **政治面貌** | |  | | | **学历** | | |  | | | | **学位** |  |
| **毕业院校** | |  | | | **所学专业** | | |  | | | | **毕业时间** |  |
| **工作（学习）单位** | |  | | | | | | | | | | **联系电话** |  |
| **家**  **庭**  **情**  **况** | **家庭住址** |  | | | | | | | | | | | |
| **家庭主要成员及重要社会关系情况** | **称谓** | **姓名** | | | **年龄** | | | **政治面貌** | | **工作单位及职务** | | |
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| **何时何地受**  **过何种奖励** | |  | | | | | | | | | | | |
| **何时何地受**  **过何种处分** | |  | | | | | | | | | | | |
| **直系亲属及主要社会关系有无重大问题** | |  | | | | | | | | | | | |
| **思想政治**  **现实表现** | |  | | | | | | | | | | | |
| **本人签字** | |  | | | | | | | | | | | |
| **负责人签字： 党组织或存档部门（盖章）**  **年 月 日** | | | | | | | | | | | | | |

注：应届毕业生由毕业院校的二级学院党组织填写；非应届毕业生由所在单位（或档案所在地，家庭所在地的社区、街道办等）党组织填写。