附件2：2017年新干县医疗卫生事业单位

公开招聘工作人员考试报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | | 性 别 | | | |  | | | 出生年月 | | | | | |  | | | | | 照  片  一  粘  贴  处 | | | | |
| 民 族 |  | | | | | | 籍 贯 | | | |  | | | 婚 否 | | | | | |  | | | | |
| 户籍所在 地 |  | | | | | | 生源地 | | | |  | | | 政治面貌 | | | | | |  | | | | |
| 毕业院校 |  | | | | | | | | | | 毕业  时间 | |  | | | | | 学历 | | | |  | | |
| 学位 | | | |  | | |
| 所学专业 |  | | | | 参加工作时间 | | | | | |  | | | | | 现工作单位 | | | | | | |  | | | | | | |
| 现工作单位 性 质 |  | | 本人身份 | | | |  | | | | 从事专业 | | |  | | | | | | 专业技术资格 | | | | | | |  | | |
| 是否服从调剂 | | | | | | |  | | |
| 报考单位 |  | | | | | | | | | | 报考职位 | | |  | | | | | | 报考职位代码 | | | | | | |  | | |
| 通讯地址 |  | | | | | | | | | | | | | | 联系  电话 | | | | | 移动： | | | | | | | | | |
| 住宅： | | | | | | | | | |
| 身份证号 |  |  | |  | |  | |  |  |  | |  |  | |  | |  | |  | |  | | |  |  |  | |  |  |
| 本人简历(从初中开始填写) |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成 员 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 何时何地受何奖惩 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 应聘人员  承诺 | 上述填写内容和提供的相关依据真实、有效，符合招聘岗位所需的报考条件。如有不实或不符，本人自愿放弃考试和聘用资格。  应聘人： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查  意见 | 审查人员签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |