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| **丹东市中心医院2023年面向普通高校公开招聘应届毕业生报名表（ ）**  **报名序号：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 考生姓名 |  | | | | | | | | | | | | | 性 别 | | | | | |  | | | | | | | 民 族 | | |  | | **打印照片处**  **（1寸电子版近期蓝底彩色证件照片）** |
| 身份证号 |  |  | | | |  |  |  |  | |  |  |  | |  |  |  |  | | |  |  |  | |  |  | 户 籍 | | |  | |
| 学 历 | | | | |  | | | | | | | | | | | | | | 学位 | | | | | | | | | |  | | |
| 毕业院校 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所学专业 | | | | |  | | | | | | | | | | | | | | | | | | | 毕业时间 | | | |  | | | |
| 规培情况 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | 移动电话 |  |
| 报考岗位要求的资格证书 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | 固定电话 |  |
| 电子邮箱 |  |
| 报考岗位 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | QQ号码 |  |
| 学习经历  （从高中填写） | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 社会工作经历 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **考生承诺书：**  **本人现承诺于2023年8月31日前取得岗位所要求的: □毕业证书 □学位证书 □医师资格证书**  **保证符合该岗位报考条件，提供的所有材料、证件真实、有效。否则同意取消聘用资格，责任自负。**    **承诺人（考生手写签字）： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格初审意见 | | | | 审查人签字： 单位盖章  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格复审意见 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备 注 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 复 |  |  |

注：1、“报考岗位”，按照岗位信息表的“岗位名称”填写，为必填项，请务必填写准确。

2、招考岗位的资格条件信息为必填项，不得漏填或错填。

3、此表除承诺人签字需本人亲笔填写外其余信息均要求打印（包含照片）。

4、报名序号在报名时由工作人员填写。

5、在报名表后面的括号里注明毕业年份。