2019年龙游县卫健系统提前招聘报名表

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 | |  | 出生年月 | |  | | 贴照片处 | |
| 籍贯 |  | | 联系电话及手机号码 | |  | | | | |
| 民族 |  | | 身份证号码 | |  | | | | |
| 政治面貌 |  | | 健康状况 | |  | 执业资格 | |  | |
| 户籍所在地详址 |  | | | | | | | | | | |
| 家庭住址 |  | | | | | | | | | | |
| 学历 |  | | 学位 | |  | 专业特长 | |  | | | |
| 毕业院校、专业及时间 |  | | | | | | | | | | |
| 是否2019年应届毕业生 | | | |  | | | 聘用后是否服从分配 | | | |  |
| 个人简历（从高中开始填写） |  | | | | | | | | | | |
| 奖惩情况 |  | | | | | | | | | | |
| 报考单位 | |  | | | | 报考岗位 | | |  | | |
| 本人签字 | |  | | | | 审核人 | | |  | | |