**长汀县2019年县直医疗卫生单位、汀州社区卫生服务中心、**

**大同卫生院遴选工作人员报名资格审查表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | 性别 |  | | | 出生  年月 | | | |  | | | | | | 民族 |  | | 政治  面貌 | |  |
| 毕业  学校 |  | | | | | 毕业时间 | |  | | | | | | | 所学专业 |  | | | | | | 学历 | |  | |
| 参加工作时间 | | | |  | | | | | | | 从事现岗位  工作时间 | | | | | | |  | | | | | | | |
| 报考单位 | | |  | | | | | | | | | 报考岗位 | | | | |  | | | | | | | | |
| 联系电话 | | |  | | | | | | 通讯地址 | | | |  | | | | | | | | | | | | |
| 身份证号 | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 执业资格证种类 | | | | |  | | | | | | | | | 取得时间 | | | | |  | | | | | | |
| **以上信息真实性由本人负责，如有虚假，后果自负。**    **签字：**                2019年  月  日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位  意见  （要注明工作年限及从事专业岗位） | | 主要领导签字：  单位公章：            2019年    月   日 | | | | | | | | | | | | | | | | | | | | | | | |
| 审查    意见 | | 审查人签字：                                2019年   月   日 | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 | |  | | | | | | | | | | | | | | | | | | | | | | | |