附件：

绍兴市医疗保障局越城分局招聘编外工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓　名 | |  | | 性　别 |  | | 出生年月  (   周岁) |  | | 照    片 |
| 民　族 | |  | | 籍　贯 |  | | 出 生 地 |  | |
| 入　党  时　间 | |  | | 参加工作时间 |  | | 健康状况 |  | |
| 专业技  术职务 | |  | | | 熟悉专业  有何专长 | |  | | |
| 学　历 | |  | | | 毕业院校  系及专业 | |  | | | |
| 现工作单位 | | |  | | | | | | | |
| 简            历 |  | | | | | | | | | |
| 个人联系方式 | | | |  | |  | | |  | |
|  | | | |  | |  | | |  | |
|  |  |  |  |  |  |  |  |  |  |  |