**黔西南州人民医院贞丰分院2019年公开自主招聘工作人员报名表**

**报名序号：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓   名 |  | 性别 |  | 民族 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 身份证号 |  | 出生日期 |  | 婚否 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 政治面貌 |  | 户籍所在地（或生源地） |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 学历 |  | 学位 |  | 毕业时间 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 所学专业具体名称 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 毕业院校 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 是否属于全日制普通高校 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 家庭住址 |  | 联系电话 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 是否满足该职位要求的其它报考条件 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 报考单位及代码 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 报考职位及代码 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 报名信息确认栏 | 以上填写信息均为本人真实情况，若有虚假、遗漏、错误，责任自负考生签名：                       代报人员签名： |  |  |  |  |  |  |  |  |  |  |  |  |
| 招聘单位初审意见 | 审查人签字：               年   月    日 | 招聘单位复审意见 | 审查人签字：                       年   月   日 |  |  |  |  |  |  |  |  |  |  |  |  |