**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 | | | |  |  |  |  |  |  |  |  |  |  |  |  |