永嘉县中医医院劳务派遣人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓    名 |  | | | | | 性 别 | | |  | | | | 出生年月 | | | | |  | | | | | | | | 照片 |
| 岗    位 |  | | | | | | | | | | | | 职称 | | | | |  | | | | | | | |
| 身份证号码 |  |  |  |  |  | |  |  | |  |  |  | |  | |  |  | |  |  |  | |  | |  |
| 联系地址 |  | | | | | | | | | | | | | | | | | | 移动电话 | | | | |  | | |
| 普通全日制学历 | 毕业院校 | | | | |  | | | | | | | | | | | | | 专    业 | | | | |  | | |
| 学历学位 | | | | |  | | | | | | | | | | | | | 毕业时间 | | | | |  | | |
| 个人简历 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 获得过何种奖励 |  | | | | | | | | | | | | | | 爱好与专长 | | | | | | |  | | | | |
| 本人承诺 | 上述填写内容和提供的相关依据真实，符合招聘公告的报考条件。如有不实，弄虚作假，本人自愿放弃聘用资格并承担相应责任。    报考承诺人（签名）：                年    月     日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 考核组意见 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位意见 | （盖章）                                  年      月     日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |