附件3

2020年德清县卫生健康系统择优签约卫技人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本情况** | 姓名 | |  | | | | 性别 | | |  | | 民族 | |  | | | 户籍 | | | | |  | | | | | | | （贴照片处） |
| 户 籍  所在地 | |  | | | | 出生年月 | | | | |  | | | | | 政治面貌 | | | | |  | | | | | | |
| 通讯地址 | |  | | | | | | | | | | | | | | 联系电话 | | | | |  | | | | | | |
| 身份证号 | |  |  |  |  | |  |  | |  | |  | |  |  | |  | |  |  | |  |  |  | |  |  |
| **报名情况** | 应聘单位 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 应聘岗位 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **教育工作情况** | 学历 | |  | | | | 学位 | | | | |  | | | | | | | 毕业时间 | | | | | | |  | | | |
| 毕业院校 | |  | | | | | | | | | | | | | | | | 所学专业 | | | | | | |  | | | |
| 工作单位 | |  | | | | | | | | | | | | | | | | 专业技术资格 | | | | | | |  | | | |
| 个人简历  （从高中段起） | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 获得奖项 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人承诺：**本人符合报名条件要求，在报名表中填报的信息真实、准确、一致。所提供的学历证书等相关证件均真实有效。如有弄虚作假或填写错误，由本人承担一切后果，并自愿接受有关部门的处理。  本人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格  审核  意见 | | 审核人：  年 月 日  （盖章） | | | | | | | | | | | | | | | | | | | | | | | | | | | |