**附件1:**

牟定县2020年卫生健康事业单位公开招聘

紧缺人才报名资格初审表

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | **性 别** | |  | **民族** | |  | | **照片** |
| **出生年月** |  | | **户籍所在地** | |  | | | | |
| **联系电话** |  | | **身份证号码** | |  | | | | |
| **政治面貌** |  | | **学 历** |  | | **学位** | |  | |
| **毕业院校及专业** | |  | | | | | | | | |
| **毕业时间** | | **年 月** | | | **住址** | |  | | | |
| **招聘单位** | |  | | | | **招聘岗位** | | |  | |
| **个人简历** | |  | | | | | | | | |
| **专业特长** | |  | | | | | | | | |
| **资格初审意见** | | **资格审查负责人签名：**    **资格审查成员签名：**  **年　　月　　日** | | | | | | | | |