临汾市人民医院

附件二

招聘工作人员报名登记表

**报考岗位： 填表日期： 2020年4月 日**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | | | **性别** | |  | **民族** | | | |  | |  | | |
| **身份证号码** | | | |  | | | | | | **籍贯** |  | | |
| **资格证名称及资格取得时间** | | | | | |  | | | | | | | |
| **现就读学校** | | | |  | | | | | **联系方式** | | | |  | | |
|  | **毕业院校及时间** | | | | | | | | **学制种类** | | | | **所学专业** | | **学历及学位** |
| **第一学历** |  | | | | | | | |  | | | |  | |  |
| **最高学历** |  | | | | | | | |  | | | |  | |  |
| **个人简历（从高中之后简历）** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **承诺**：本人保证上述所填内容真实，如有虚假，一经发现，本人愿承担取消录用资格的责任。  本人签字： | | | | | | | | | | | | | | | |
| **审核意见** | | |  | | | | | | | | | | | | |

**注：1、所填写内容及提供所有证件必须真实有效，如有弄虚作假者取消面试资格；**

**2、本人签字由考生本人亲笔填写。否则，所产生的一切后果由考生本人负责。**