附件：  **仙居县卫生健康系统事业单位招聘考试报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓      名 |  | | 性别 | |  | 出生年月 | |  | | 婚否 | | |  | 一寸彩照 |
| 报考医院 |  | | | | | 报考职位 | |  | | | | | |
| 身份证号码 |  | | | | | | | | | | | | |
| 毕业学校 |  | | | | | | 所学专业 | |  | | | | |
| 学  历 |  | | | 毕业时间 | | |  | | | | 政治面貌 | | |  |
| 外语等级 |  | 计算机等级 | | | |  | | 特长 | |  | | | | |
| 户籍地址 |  | | | | | 家庭详细地址 | |  | | | | | | |
| 本人联系电话 |  | | | | | | | 家长联系电话 | | | |  | | |
| 主要简历（从高中开始填写） |  | | | | | | | | | | | | | |
| 大学期间奖惩情况 |  | | | | | | | | | | | | | |
| 家庭成员单位及职业 |  | | | | | | | | | | | | | |
| 本人承诺 | 保证报名时所提交的报考资料、证件和以上填写的内容真实、准确。如有不实信息和作假行为，本人承担一切后果。  本人签名： | | | | | | | | | | | | | |