**绍兴市柯桥区妇幼保健院编外工作人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | |  | | | | | 性别 | | |  | | | | 出生年月 | | | | | | |  | | 照  片 | |
| 政治面貌 | | |  | | | | | 籍贯 | | |  | | | | 婚 否 | | | | | | |  | |
| 身份证号 | | | |  | | | | | | 户口所在地 | | | | | |  | | |  | | | | |
| 家庭住址 | | | |  | | | | | | | | | | | | | | | | | 是否全日制普通高校毕业生 | | | |  |
| 现工作单位 | | | |  | | | | | | | | | | | | | | | | | 专业工作年份 | | | |  |
| 学 历 | | | | 最高 学历 | | |  | | | | | 毕业院校  及专业 | | | | | | | |  | | | | | |
| 专业技术职称或资质 | | | | |  | | | | | | | 执业资格 | | | | | | | |  | | | | | |
| 报考岗位 | | | | |  | | | | | | | | | | | | 联系电话 | | | | | |  | | |
| 主要学习工作经历 | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员 | 称谓 | | | | | 姓 名 | | | 出生年月 | | | | 政 治  面 貌 | | | | | 现工作单位或住址 | | | | | | | |
|  | | | | |  | | |  | | | |  | | | | |  | | | | | | | |
|  | | | | |  | | |  | | | |  | | | | |  | | | | | | | |
|  | | | | |  | | |  | | | |  | | | | |  | | | | | | | |
|  | | | | |  | | |  | | | |  | | | | |  | | | | | | | |
| **本人声明：上述填写内容真实完整。如有不实，取消资格。**  **签名：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否服从医院分配：  签名： | | | | | | | | | | | | | | 资格审核情况（签名）  年 月 日 | | | | | | | | | | | |