附件2

2020年德清县新市健康保健集团公开招聘编外

卫技人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **招聘单位名称** | |  | | | | | | | | | | | | | | **招聘岗位名称** | | | | |  | | | | | | | | |
| 姓名 |  | | | | | | | 性别 | |  | | | | 民族 | |  | | | 政治面貌 | | | | |  | | | 一寸免冠照片 | |
| 身份证  号码 |  | | |  |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | | |  | |  |  |
| 户籍  所在地 | 省（市）县（市、区） | | | | | | | | | | | | | | | 婚姻状况 | | | | | |  | | | | |
| 全日制  学历 |  | | | | | | | 学位 | | |  | | | | | 专业技术职称 | | | | | |  | | | | |
| 在职（最高）学历 |  | | | | | | | 学位 | | |  | | | | |
| 毕业院校 |  | | | | | | | | | | | | | | | 所学专业 | | | | | |  | | | | | 毕业  时间 |  |
| 现工作单位及岗位 |  | | | | | | | | | | | | | | | 单位性质 | | | | | |  | | | | | 参加工作时间 |  |
| 家庭详细地址 |  | | | | | | | | | | | | | | | 固定电话 | | | | | |  | | | | | 手机  （必填） |  |
| 个人简历及  奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审核  意见 | | | 审核人：  年 月 日  （盖章） | | | | | | | | | | | | | | | | | | | | | | | | | |