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| **附件：1** |  |  |  |  |  |  |  |  |  | |  |  | |  |
| **沿河土家族自治县官舟镇中心卫生院2020年**  **公开招聘编外人员报名表** | | | | | | | | | | | | | | |
| **姓** 名 |  | | | **性 别** |  | **出生年月** |  | | | **照 片** (应牢固粘贴) | | | | |
| **籍 贯** |  | | | **民 族** |  | | **婚 否** |  | |
| **身份证号码** |  | | | | | **户籍或生源所在地** |  | | |
| **毕业院校** |  | | | **专 业** |  | | **学 历** |  | | **毕业时间** | | |  | |
| **身 高** |  | | | | | **是否在职人员** |  | **联系电话** | | |  | | | |
| **照 片** (涂少许胶水粘牢即可) | | | **照 片 (涂少许胶水粘牢即可)** | | | |  | | | | | | | |
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| **报考人承诺** | **以上内容经本人核实，确认真实无误。若有虚假、遗漏、错误、责任自负。** | | | | | | | | | | | | | |
| **报考人签字：** | | | | | | | | | | | | | |
| **年 　 月　 日** | | | | | | | | | | | | | |
| **院办公室招聘意见** | **审核人：** | | | | | | | | | | | | | |
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| **年 月 　 日** | | | | | | | | | | | | | |