附件1：

咸宁市第一人民医招聘工作人员报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 本人  声明 | | **我以下填写内容真实完整。如有不实，本人愿承担一切法律责任。**  签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报考  单位 | |  | | | | | | | | | | | | 报考  岗位 | | | | |  | | | | | | | 代码 | |  | | | | 1寸  免冠  照片 |
| 姓名 | |  | | | | 身份  证号 | |  |  |  |  | | |  |  |  | |  | |  |  |  | |  |  |  |  |  | |  |  |
| 性别 | |  | | | | 民族 | |  | | | | 政治  面貌 | | | | |  | | | | | | 学历 | | |  | | | | | |
| 何年何学校毕业 | | |  | | | | | | | | | 所学  专业 | | | | |  | | | | | | 执业  资格 | | |  | | | | | |
| 现工作单位 | | | |  | | | | | | | | | | | | | | | | | | | 职 务 | | | | |  | | | | |
| 婚姻状况 | | | |  | | | 户籍所在地 | | | | | |  | | | | | | | | | | 档案保管单位 | | | | |  | | | | |
| 家庭住址 | | | |  | | | | | | | | | | | | | | | | | | | 联系电话 | | | | |  | | | | |
| 本人学习工作简  历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家  庭 主 要  成  员 | 姓 名 | | | | 称 谓 | | | | | 工 作 单 位 | | | | | | | | | | | | | | | | | | | 职 务 | | | |
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| 初审意见 | 经审查，符合应聘资格条件。  审核人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |