附件3：

南城县中医医院公开招聘工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | **身份证号** | |  | | | | | | 贴  一  寸  近  照 | |
| **性 别** |  | | **出生地** | |  | | **学 历** | |  | |
| **参加工作**  **时 间** |  | | **户籍所在地** | |  | | **特 长** | |  | |
| **现工作单位** |  | | | | | | **专业职称** | |  | |
| **毕业院校及专业** | | |  | | | | | | | | | |
| **政治面貌** |  | | **婚姻状况** | |  | | | **联系电话（手机）** | | | |  |
| **报考单位** |  | | | | | | | **报考岗位** | |  | | |
| **个**  **人**  **简**  **历** |  | | | | | | | | | | | |
| **家庭主要成员及社会**  **关系** | | **称谓** | **姓名** | **政治面貌** | | **工作单位及职务** | | | | | | |
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| **诚信申明：**本人保证上述填写信息和报考时所提供的资格证、学历证、身份证等证件真实有效，如因填写有误或提供的证件不实而造成的后果，本人愿意承担一切责任。  **报名人员签名： 年 月 日** | | | | | | | | | | | | |