**方城县2022年公开招聘卫健委下属事业单位专业技术人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **个人基本情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | |  | | | | | 性别 | |  | | | 民族 | | | | |  | | | 出生  年月 | |  | | | | | 粘贴一寸  免冠彩照 | | |
| 户口所  在 地 | |  | | | | | | | | | | | | | | | | | | 政治  面貎 | |  | | | | |
| 家庭住址 | |  | | | | | | | | | 婚 姻  状 况 | | | | | | |  | | 健康  状况 | |  | | | | |
| 学 历 | |  | | | 学制 | | |  | | | 所 学  专 业 | |  | | | | | | | 专业  类别 | | | |  | | |
| 毕业院校 | |  | | | | | | | | | | | | | | 本科批次 | | | | |  | | | | 毕业时间 | | |  | |
| 身份证号码 | |  | | | | | | | | | | | | | | 联系电话 | | | | |  | | | | | | | | |
| **学习及社会实践经历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | 单位名称 | | | | | | | | | | | | | | | | | | | 学习或从事专业 | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **报名所提供的材料：请在对应空格内划“√”** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身份证 | 毕业证 | | 学位证 | | | 学历电子  备案表 | | | | 就业  报到证 | | | | 护士资格证 | | | | | 个人简历 | | | | 退伍证 | | | 入伍登记表 | | | 备注 |
|  |  | |  | | |  | | | |  | | | |  | | | | |  | | | |  | | |  | | |  |
| **属于下列人员之一者请在对应空格内划“√”** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 大学生村干部 | | | | | | | | | | | | | | | 退役大学生士兵 | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **本人对所填内容的保证** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本表所填写的信息准确无误，所提交的证件、资料和照片真实有效，若有虚假，所产生的一切后果由本人承担，并按自动弃权处理。  本人签名： 2022年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 招聘办资格审查意见：  审核人签名： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

报考单位 专业 报考职位代码 №：