**贵阳市乌当区高新社区卫生服务中心**

**定编定岗不定人招聘报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | 身份证号 | | | |  | | | | | | | 相片 |
| 性 别 |  | | 民 族 | | | |  | | | | | 政治面貌 | | |  |
| 毕业学校 |  | | | | | | | | | | | | 毕业时间 | |  |
| 所学专业 |  | | | | | | | | | | | | 籍 贯 | |  |
| 学 历 |  | | | | | 学 位 | | | |  | | | | | 是否在编 |  |
| 所报岗位编码 |  | | | | | 报考单位 | | | |  | | | | | | |
| 基层在编人员最低  服务期是否已满 | | |  | | | | | 现工作单位 | | | | | |  | | |
| 取得职称证名称、范围 | | | |  | | | | | | | | | | | | |
| 取得资格证名称 | |  | | | | | | | | | | | | | | |
| 通讯地址 |  | | | | | | | | | | | | | | | |
| 联系电话1 |  | | | | | | | | | | 联系电话2 | | | |  | |
| 工作简历 |  | | | | | | | | | | | | | | | |
| 审查意见：  审查人签名： 年 月 日 | | | | | | | | | | | | | | | | |

考生注意：考试时必须凭准考证和有效身份证原件进入考室。