三门县医疗卫生单位2021年公开招聘卫技人员报名表

报考岗位：\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓    名 |  | | | | | | | | | 出生年月 | | | | |  | | | | | | | | | 2019年后免冠一寸彩照 |  |
| 性  别 |  | | | | | 民族 | | | |  | | | | | 政治面貌 | | | | |  | | | |  |
| 户籍所在地 |  | | | | | 学历 | | | |  | | | | | 健康状况 | | | | |  | | | |  |
| 身份证号码 |  |  |  |  |  | |  |  |  | |  |  |  |  | |  |  |  |  | |  | |  |  |
| 联系地址 |  | | | | | | | | | | | | | | 固定电话 | | | | | | |  | | |  |
| 移动电话 | | | | | | |  | | |  |
| E-amil |  | | | | | | | | | | | | | | 工作岗位 | | | | | | |  | | |  |
| 普通全日制学历 | 毕业院校 | | | | |  | | | | | | | | | 专    业 | | | | | | |  | | |  |
| 学历层次 | | | | |  | | | | | | | | | 毕业时间 | | | | | | |  | | |  |
| 个人简历 |  | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |
| 本人承诺:上述填写内容和提供的相关依据真实，符合招聘公告的报考条件。如有不实，弄虚作假，本人自愿放弃聘用资格并承担相应责任。          报考承诺人（签名）：                                年    月     日 | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 单位   审核意见 | （盖章）                                   年      月     日 | | | | | | | | | | | | | | | | | | | | | | | |  |
| 备注 |  | | | | | | | | | | | | | | | | | | | | | | | |  |