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| **普格县人民医院招聘报名表** | | | | | | | | |
| **报考职位：** |  | | | | | | | |
| **姓 名** |  | **性别** |  | **民族** |  | **年龄** |  | **照片** |
| **政治面貌** |  | **婚姻状况** | |  | | **籍贯** |  |
| **身份证号** |  | **联系电话** | |  | | | |
| **户口所在地** |  | **家庭住址** | |  | | | |
| **学历、学位** |  | **毕业时间、院校 及所学专业** | | | |  | | |
| **个人简历** |  | | | | | | | |
| **家庭情况** |  | | | | | | | |
| **奖惩情况** |  | | | | | | | |
| **诚信申明** | **兹保证以上信息属实，如有不实，愿承担相应责任。** | | | | | | | |
| **本人签名： 年 月 日** | | | | | | | |
| **资格初审** | **初审人：** | | | **资格复审** | | | **复审人：** | |
| **年 月 日** | | | **年 月 日** | |