附件1：

**九江市妇幼保健院面向社会公开招聘派遣制人员报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 | | |  | | 出生  年月 | | | |  | | | 民族 | | | |  | | | | | 照片 | |
| 身份  证号 |  | | | | | | | | | | | | 政治面貌 | |  | | | | | | | | | |
| 报考  岗位 |  | | | | 岗位代码 | | |  | | | | | | 是否服从分配 | | | |  | | | | | | |
| 毕业  院校 |  | | | | | | | 所学专业 | | | | | | |  | | | | | | | | 婚姻状况 | | |  |
| 工作 单位 | |  | | | | | | | | 参加工作时间 | | | | |  | | | | | | | | | | | |
| 户籍所在地 | |  | | | | | | | | 学 历 | |  | | | 学位 | | | |  | | | 毕业时间 | | | |  |
| 家庭 住址 | |  | | | | | | | | | | | | | 本人联系电 话 | | | | | |  | | | | | |
| 家庭主要成员 | 姓 名 | | 关 系 | | | 政治面貌 | | | | | 工作单位 | | | | | | 职 务 | | | | | | | 联系电话 | | |
|  | |  | | |  | | | | |  | | | | | |  | | | | | | |  | | |
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| 学习和工作简历 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报  名  信  息  确  认 | 本人符合报名条件要求，在报名表中填报的信息真实、准确。所提供的学历证书等相关证件均真实有效。如有弄虚作假或填写错误，由本人承担一切后果。资格审查贯穿于招聘全过程，凡发现考生条件与公告要求不符的，取消其资格。  本人签名： 日期： | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查结 果 |  | | | | | | | | | | | | | | | | | | | | | | | | | |

**注：自行下载填写，报名时交一份到报名处。**