附件：

青年镇社区专职工作者报名登记表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | 身份证号 | |  | |  |  | |  |  |  |  |  |  |  |  | | |  |  |  |  |  |  |  |
| 性别 | |  | | 民族 | |  | | | | | | | | | | | | | 相  片 | | | | | | | | |
| 出生年月 | |  | | 生源地 | |  | | | | | | | | | | | | |
| 学历 | |  | | 学位 | |  | | | | | | | | | | | | |
| 所学专业 | |  | | 政治面貌 | |  | | | | | | | | | | | | |
| 毕业时间 | |  | | 毕业院校 | |  | | | | | | | | | | | | | | | | | | | | | |
| 职务（职称） | |  | | 报考岗位 | |  | | | | | | | | | | | | | | | | | | | | | |
| 联系电话 | |  | | 通讯地址 | |  | | | | | | | | | | | | | | | | | | | | | |
| 外语等级 | |  | | 计算机等级 | |  | | | | | | | | | | | | | | | | | | | | | |
| 个人简历（从高中开始填写） | 1995.09—1998.07 XX市XX县第二中学学习  1998.09—2003.07 XX医科大学XX学院临床医学专业学习  2003.09—2006.07 XX医科大学内科学专业硕士研究生  2006.08—2013.09 XX省XX市人民医院心血管内科工作  2013.09至今 XX市XX区人民医院心血管内科工作 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭成员情况 | | | **姓名** | | **关系** | | | | | **所在单位及职务** | | | | | | | | | | **政治面貌** | | | | | | | |
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|  | |  | | | | |  | | | | | | | | | |  | | | | | | | |
| 诚诚信承诺 | | 本人已认真阅读并理解本次招聘简章，承诺对报考所提供资料的真实性负责。若违反规定或弄虚作假，承担取消报名或聘用资格及其他相关责任。  承诺人（签字）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 初审意见 | | | | | | | 复审意见 | | | | | | | | | | | | | | | | | | | | |
| 经办人：　　　　　　年　　月　　日 | | | | | | | 经办人：　　　　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | |

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填表说明：报考人员可提前打印本表，现场填报的请用钢笔、签字笔填写，字迹要清晰、工整。

**重庆市綦江区青年镇人民政府制**