附件1

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 绍兴市本级卫生健康单位公开招聘工作人员报名表报考单位： 报考岗位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 身份证号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 户口所在地 |  | 民族 |  | 性别 |  | 政治面貌 |  |
| 最高学历 |  | 毕业时间 |  | 学习形式 |  |
| 毕业院校 |  | 专业 |  |
| 参加工作时间 |  | 健康状况 |  | 专业技术职称 |  |
| 联系地址 |  | 固定电话 |  |
| 移动电话 |  |
| E-mail |  | 邮 编 |  |
| 现工作单位 |  | 工作职务 |  |
| 本人自测身高 |  | 现场测量身高 |  |
| 个人简历 |  |
| 我郑重承诺：本人所提供的个人信息证明资料、证件等真实、准确，并自觉遵守事业单位公开招聘的各项规定，诚实守信、严守纪律，认真履行应聘人员的义务。对因提供有关信息证件不实、不能按时毕业或违反有关纪律规定所造成的后果，本人自愿承担相关责任。 报名人员签名：  **年 月 日** |
| 报审考核单意位见 | （盖章）   年 月 日 | 身份证复印件粘贴处 |  |

**注意：本表格一式贰份，以上表格内容必须填写齐全（身高项护理类考生填写）。** |