桂平市医疗保障局

招聘编外人员报名登记表

**编号： 报名时间： 年 月 日**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** |  | **出生年月** | |  | | **相片** |
| **政治**  **面貌** |  | **民族** |  | **户籍所**  **在地** | |  | |
| **学历** |  | **毕业院校、专业** | |  | | | |
| **身份证号码** |  | | | **特长** |  | | |
| **住址** |  | | | | **联系电话** | |  | |
| **奖惩**  **情况** |  | | | | | | | |
| **个**  **人**  **简**  **历** |  | | | | | | | |
| **其他需要说明的情况** |  | | | | | | | |