附件4：

奉节县卫生事业单位2023年考核招聘

紧缺高层次人才报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | |  | 身份证号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 性 别 | | |  | 民 族 |  | | | | | | | | | | | | | | | | | |
| 出生日期 | | |  | 生源地 |  | | | | | | | | | | | | | | | | | |
| 学 历 | | |  | 学 位 |  | | | | | | | | | | | | | | | | | |
| 所学专业 | | |  | 政治面貌 |  | | | | | | | | | | | | | | | | | |
| 毕业时间及 毕业院校 | | |  | | | | | | | | | | | | | | | | | | | |
| 取得何种专业技术（执行）资格证书 | | |  | 是否符合《岗位情况表》中“其他条件”要求 |  | | | | | | | | | | | | | | | | | |
| 报考单位 | | |  | | | | | | | | | | | | | | | | | | | |
| 联系电话 | | |  | 通讯地址 |  | | | | | | | | | | | | | | | | | |
| 奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | |
| 学习或工作  经历 |  | | | | | | | | | | | | | | | | | | | | | |
| 承 诺 | |  | | | | | | | | | | | | | | | | | | | | |
| 备 注 | |  | | | | | | | | | | | | | | | | | | | | |

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