**高唐县人民医院公开招聘备案制工作人员考察登记表**

序号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | 现名 | | | |  | | 性别 | | |  | | 民族 | |  | | 照  片 | |
| 曾用名 | | | |  | | 出生年月 | | | |  | | | | |
| 身份证号码 | | | |  | | | | | 户口所在地 | | | |  | | |
| 参加工作时间 | | | | | |  | | | 身体状况 | | | |  | | |
| 政治面貌 | | | | | |  | | | 婚否 | | | |  | | | | |
| 学  历 | | 毕业时间 | | | | 学　　校 | | 专　　业 | | | | | | | 学　制 | | 学　位 |
|  | | | |  | |  | | | | | | |  | |  |
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|  | | | |  | |  | | | | | | |  | |  |
| 招聘单位 | | | | | |  | | | | | | | | | | | |
| 岗位类别 | | | | | |  | | 岗位名称 | | | | | |  | | | |
| 工  作  简  历 | | |  | | | | | | | | | | | | | | |
| 家庭主要成员和社会关系 | | |  | | | | | | | | | | | | | | |
| 应回避情况 | | |  | | | | | | | | | | | | | | |
| 主  要  现  实  表  现 | | |  | | | | | | | | | | | | | | |
| 纪律惩戒与刑事处罚情况 | | |  | | | | | | | | | | | | | | |
| 考  察  意  见 | | | 考察小组成员签名： 年 月 日 | | | | | | | | | | | | | | |
| 聘  用  单  位  意  见 | | | （公章）  负责人：　　　　　　　　　　　　 　年 月 日 | | | | | | | | | | | | | | |
| 备  注 | | |  | | | | | | | | | | | | | | |