**公开招聘劳务派遣卫生技术人员报名表**

报名号(三三三公司填写）：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 身份证号 | | |  | | | | | | | | |  | |
| 户口所在地 |  | | 民族 | | |  | | 性别 | | |  | 政治面貌 | |  |
| 学历 |  | | | | | | | 毕业时间 | | |  | | | |
| 毕业院校 |  | | | | | | | | | | 所学专业 | |  | | | |
| 健康状况 |  | | | | 联系电话(手机长号) | | | | | | | |  | | | |
| 报考岗位 | |  | | | | | | | 护理见习时间 | | | |  | | | |
| 联系地址 | | 湖北省枣阳市南城街道 | | | | | | | | | | | | | | |
| 个  人  简  历 |  | | | | | | | | | | | | | | | |
| 家庭  成员 | 姓名 | | | 与本人  关系 | | | 年龄 | | | 所在单位 | | | | | | 职 务 |
|  | | |  | | |  | | |  | | | | | |  |
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| 本人声明:上述填写内容真实完整.如有不妥,本人愿意承担一切责任**。**      报考人签名: 2024 年 月 日 | | | | | | | | | | | | | | | | |
| 经审核,该同志符合报考条件,同意报名**。**    审核人签名: 年 月 日 | | | | | | | | | | | | | | | | |

**注:此表除“报考人签名”手写外,其它要求考生打印,不可手写。**