附件1： 报名编号：\_\_\_\_\_\_\_\_\_\_

枣庄市峄城区中医院面向2024年毕业生公开招聘人才报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 |  | 性别 |  | 身份证号 |  |  |  | | |  |  |  | |  | |  |  |  |  | |  | |  |  |  |  |  |  |
| 籍 贯 |  | | | 政治面貌 | | | | |  | | | | | | | | | | | | 照 片 | | | | | | | |
| 学习简历 | 毕业院校 | | 专业 | | 学 历 | | | | | 学 位 | | | | | 毕业时间 | | | | | |
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| 奖惩情况 | 在校期间主要荣誉奖励及学生干部任职情况： | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要  成员情况 | 称 谓 | 姓 名 | | 工作单位及职务 | | | | | | | | | | | | | | | | | | | | | | | | |
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| 家庭住址 |  | | | | | | | 联系电话 | | | | |  | | | | | | | | |  | | | | | | |
| 报考单位及岗位 | 单 位  名 称 |  | | | | | | 岗位代码  及名称 | | | | |  | | | | | | | | | | | | | | | |
| 个人承诺 | 本人对招聘公告已经完全了解，此《报名表》中所填信息及本人所提供的报名资料均真实、准确、完整、有效。如有弄虚作假，招聘单位有权取消本人应聘资格，并追究相关责任。  承诺人（签名）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审核意见 | 合 格 [ ]  不合格 [ ]  年 月 日 | | | | | | | | | | | | | | | | | | | 备用照片  （虚 贴） | | | | | | | | |

初审、复审人： 监督员：

注：1.报名人员须填写有效通讯信息并保持电话畅通，因通讯不畅影响考试的，由本人承担责任。 2.报考人手写签名。