附件1

**峄城区中医院公开招聘合同制卫生专业技术人员报名表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | | **性别** | | |  | | | | **出生年月** | | | | |  | | | **民族** | | | |  | | **1寸**  **照片** | |
| **报考岗位** |  | | | **身份证号码** | | | |  | | | | | | | | | | | **身高** | | | |  | |
| **籍 贯** |  | | | **政治面貌** | | | |  | | | | | | | **参加**  **工作时间** | | | | | |  | | | |
| **全日制学历**  **及学制** |  | | | **毕业**  **时间** |  | | | | | **毕业学校** | | | |  | | | | **所学专业** | | | |  | | | **培养**  **方式** |  |
| **最高学历**  **及学制** |  | | | **毕业**  **时间** |  | | | | | **毕业学校** | | | |  | | | | **所学专业** | | | |  | | | **培养**  **方式** |  |
| **家庭地址**  **（户籍所在地）** |  | | | | | | | | **家庭电话** | | |  | | | | | | | | **移动电话** | | | |  | | |
| **所取得**  **资格证时间** | |  | | | | **证书编号** | | |  | | | | | | | | **枣庄市规范化培训证书** | | | | | | | **□有 □无** | | |
| **家庭**  **主要成员** | **称谓** | | **姓 名** | | | **政治面貌** | | | | | | | **工作单位、职务** | | | | | | | | | | | | | |
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| **学习**  **工作**  **经历** | **起止时间** | | | | | **学习或工作单位** | | | | | | | | | | | | | | | | | | **科室及从事工作** | | |
|  | | | | |  | | | | | | | | | | | | | | | | | |  | | |
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| **备注** | **本人承诺，以上填写内容及我提供的所有申报材料，都经本人认真核实过，我保证所提供的个人信息、相关材料、证件都真实、准确、完整，对因提供有关信息、材料、证件不真实或违反有关纪律规定所造成的后果，本人自愿承担相应的责任。**    **承诺人签字： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | |