附件1

固安县总医院2024年公开招聘工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | 性 别 | | | | |  | | | | | 出生年月 | | | | | | |  | | | | | 粘贴  照片 |
| 籍 贯 |  | | | 民 族 | | | | |  | | | | | 政治面貌 | | | | | | |  | | | | |
| 身份证号码 | | | |  |  |  | |  | |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |
| 户籍所在地 | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 联系电话 | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 毕业院校 | |  | | | | | | | | | | | | | | | | | | | 所学专业 | | | | |  |
| 学 历 | |  | | | | | 学 位 | | | | | | |  | | | | | | | 毕业时间 | | | | |  |
| 报考岗位 | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 学习简历  (从高中起) | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 工作简历 | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **诚信承诺书**  本人已阅读并理解本次考试的《招聘公告》，完全了解并符合所报考岗位的条件要求。报名提交的所有信息资料准确、真实、有效，不弄虚作假。如有违反，自愿承担相应的责任和由此造成的一切后果。  本人签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | |