**新干县卫生事业单位选调卫生专业技术人员报名表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | 性别 | |  | | 出生年月 | | | |  | | 相  片 |
| 政治面貌 | | | |  | 身份证号 | | | |  | | | | | |
| 学   历 | | | |  | 毕业院校  及专业 | | |  | | | | | | |
| 执业资格 | | | |  | | | | 职称 | |  | | | | | |
| 本人及配偶户籍情况 | | | |  | | | | | | | | | | | |
| 联系电话 | | | |  | | | 家庭住址 | | | |  | | | | |
| 是否服从岗位调剂 | | | |  | | | 目前从事  专业岗位 | | | |  | | | | |
| 简  历 | |  | | | | | | | | | | | | | |
| 家庭成员及主要社会关系 | | 与本人关系 | | | | 姓名 | 年龄 | | 政治面貌 | | | 户籍 | | 工作单位及职务 | |
|  | | | |  |  | |  | | |  | |  | |
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|  | | | |  |  | |  | | |  | |  | |
| 奖惩情况 | |  | | | | | | | | | | | | | |
| **承诺：**  **本人保证以上所填资料属实，如果提供虚假资料，本人愿意放弃录取资格。**  **承诺人签名：                     时间：** | | | | | | | | | | | | | | | |
| 资格审查  情况 | | | **审查人员签名：** | | | | | | | | | | | | |

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