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| **西安医学院招聘人事代理制人员报名登记表** | | | | | | | | | | | | | |
| **姓名** |  | **性别** |  | | | **民族** | |  | | | | 1寸免冠照片 | |
| **出生年月** |  | **籍贯** |  | | | | | | | | |
| **政治面貌** |  | **婚否** |  | | | **健康状况** | |  | | | |
| **外语水平** |  | | **计算机水平** | | |  | | | | | |
| **身份证号码** | |  | | | | | | | | | | | |
| **联系电话** | |  | | | | | | | | | | | |
| **学习经历（由高到低填写）** | | | | | | | | | | | | | |
| **起止时间** | **毕业学校** | | | | **所学专业** | | | | **学历** | | **学位** | | |
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| **工作经历（有工作经历者填写）** | | | | | | | | | | | | | |
| **起止时间** | **所在单位** | | | | | | | | | **任何职务** | | | |
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| **本人承诺：本人同意按西安医学院人事代理有关政策和规定应聘工作，并保证所提交的**  **学历、学位等有关信息真实有效。如有不实，本人愿承担由此产生的一切不良后果。** | | | | | | | | | | | | | |
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| **本人签名：** | | | | | | | | | | | | | |
| **年 月 日** | | | | | | | | | | | | | |
| **笔试** | **笔试成绩** |  | | | | | **排名** | | |  | | | |
| **部门面试** | **考察组成员：** | | | | | | | | | | | | |
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| **监察人员：** | | | | | | | | | | | | |
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| **工作人员：** | | | | | | | | | | | | |
| **考察组意见：** | | | | | | | | | | | | |
| **组长签名：** | | | | | | | | | | | | |
| **年 月 日** | | | | | | | | | | | | |
| **学校面试** | **考察组成员：**  **监察人员：**  **工作人员：** | | | | | | | | | | | | |
| **考察组意见：**  **组长签名：**  **年 月 日** | | | | | | | | | | | | |
| **学校审定**  **意见** |  |  | |  | | |  | | |  | | |  |
| **经 年 月 日至 年 月 日网上公示无异议，体检及心理测评合格，并经 年 月 日校长办公会研究审定，同意录用。** | | | | | | | | | | | | |
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|  |  | | **校领导签字：** | | | | | |  | | |  |
|  |  | | **年 月 日** | | | | | |  | | |  |