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| **2017年上半年三门县医疗卫生计生单位公开招聘事业编制工作人员报名表**  **附件1** | | | | | | | | | | | | | | | | | | | |
| 报考单位： |  | | | | | | | | | | | | | 报考岗位： | | | |  | |
| 姓 名 |  | | | | | 性别 | |  | | | 出生  年月 | | |  | | | | | 2014 年后 免冠 一寸 彩照 |
| 身份证号码 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 户口所在地 |  | | | | | | 户口不在三门的 是否三门生源 | | | | | |  | | 政治面貌 | |  | |
| 普通高校 最高学历 |  | | | 毕业时间 |  | | | | 所学专业 |  | | | | | | | | |
| 成人高校 最高学历 |  | | |  | | | |  | | | | | | | | |
| 最高学历毕业院校 | | |  | | | | | | | | | | | | | | | | |
| 参加工作时间 | |  | | | | | | 健康  状况 | | |  | | | 专业技术或职业(执业)资格 | | | | |  |
| 现工作单位 |  | | | | | | | | | | 工作  职务 | | |  | | | | | |
| 联系地址 |  | | | | | | | | | | | | | | 邮政  编码 | | |  | |
| 电子或QQ邮箱 | |  | | | | | | | | | | | | | | | | | |
| 个人简历 |  | | | | | | | | | | | | | | | | | | |
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| **本人承诺：上述填写内容和提供的相关依据真实，符合招聘公告的报考条件。如有不实，弄虚作假，本人自愿放弃应聘资格并承担相应责任。**  报考承诺人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | |
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|
| 招聘审核 单位意见 | （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | |
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| 备注 |  | | | | | | | | | | | | | | | | | | |
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