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| **阜阳市第六人民医院2017紧缺人员招聘**  **报名资格审查表** | | | | | | | | | | | | | | |
|  |  |  |  | | |  | |  | | | |  | |  |
| 姓名 |  | 性别 |  | 出生   年月 | |  | | | | | | | | 相 片  （白底小二寸） |
| 籍贯 |  | 民族 |  | 政治                                                                                                                                                  面貌 | |  | | | 健康   状况 | | |  | |
| 身份证  号码 |  | | | | | | | | | | | | |
| 报考  岗位 |  | | | | | | | | | | | | | |
| 毕业    院校 |  | | | 学历 |  | | | | | 学位 | | | |  |
| 所学  专业 |  | | 毕业  时间 |  | | | 资格证名称 | | | |  | | | |
| 家庭    住址 |  | | | 联系 电话 | |  | | | | | 手机号码 | |  | |
| 工    作    经    历 |  | | | | | | | | | | | | | |
| 诚信    承诺    意见 | **本人提供材料及上述信息填写真实、有效。如有虚假，责任自负。** | | | | | | | | | | | | | |
| 考  生（签名）：                          年      月       日 | | | | | | | | | | | | | |
| 备注 |  | | | | | | | | | | | | | |