**阜阳市第五人民医院**

**报 名 资 格 审 查 登 记 表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | | 性别 | | | |  | | | 出生  年月 | | | | | |  | | | | | **照片二寸**  **两张** | | | | |
| 户籍地  （毕业生填生源地） | | | | | | |  | | | | 政治面貌 | | |  | | | | | | | | | | |
| 现工作单位  （毕业生填所在院校） | | | | | | |  | | | | | | | | | | | | | | | | | |
| 学历 | |  | | | | | 学位 | | | |  | | | 专业 | | | | | |  | | | | |
| 参加工作时间 | | | | | | |  | | | | | | | | | | | | | 职称 | | | | |  | | | | |
| 毕业院校及毕业时间 | | | | | | |  | | | | | | | | | | | | | 档案关系所在地 | | | | |  | | | | |
| 身份  证号 |  | |  | |  |  | |  | |  | |  |  | | |  | |  |  | | |  |  |  | |  |  |  |  |
| 通信  地址 |  | | | | | | | | | | | | | | | | 邮政  编码 | | | |  | | | | | | | | |
| 联系电话 | | | |  | | | | | 手机号码 | | | | | | | |  | | | | | | | | | | | | |
| 应聘岗位代码及岗位名称 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 政策性照顾或其他放宽情况 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **报名者承诺：以上填报信息完全符合事实，无故意隐瞒、虚假申报或重复报名等行为；所提供的应聘材料和证书（件）均为真实有效；与应聘单位领导人员不存在须回避的关系。如有不实，一切后果由报名者自负。**  **报名者签名：**  **2017年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**资 格 审 查 记 录**

（由验证处工作人员填写）

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **资格审查项目**  **（合格的打√）** | **户籍生源地** | **年龄条件** | **学历要求** | **专业要求** | **其他资格条件** |
|  |  |  |  |  |
| **验证人员**  **审核意见** |  | **工作人员签名： 2017年 月 日** | | | |
| **报名者另需**  **说明的事项** | **报名者签名： 2017年 月 日** | | | | |