**附件：**

**厦门市湖里区禾山街道社区卫生服务中心非在编聘用人员报名表**

**年 月 日**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** |  | **出生年月** |  | | **相片** | | |
| **籍贯** |  | **民族** |  | **政治面貌** |  | |
| **参加工作**  **时间** |  | **婚姻状况** |  | **健康状况** |  | |
| **户籍地址** |  | | | **专业技术资格证书** |  | |
| **现居住地址** |  | | | | | |
| **身份证号** |  | | | **联系方式** | **电子邮箱：** | | | | |
| **手机：** | | | | |
| **固定电话** | | | | |
| **毕业院校**  **及专业** |  | | | **学历** |  | **学位** | | |  |
| **个人简历（从高中填起）** | **起止年月** | | **单位及职务** | | | | | | |
|  | |  | | | | | | |
|  | |  | | | | | | |
|  | |  | | | | | | |
|  | |  | | | | | | |
| **家庭主要**  **成员情况** | **姓名** | **出生年月** | **单位职务** | | | | | **政治面貌** | |
|  |  |  |  | | | | |  | |
|  |  |  |  | | | | |  | |
|  |  |  |  | | | | |  | |
|  |  |  |  | | | | |  | |
| **近年来**  **奖惩情况** |  | | | | | | | | |
| **声明** | **本人保证上述所填信息真实无误，如因填写有误或不实而造成的后果，均由本人负责。**  **签名：**  **年 月 日** | | | | | | | | |
| **资格审查** | **审查人签名：**  **年 月 日** | | | | | | | | |