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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 绍兴市卫生健康委直属医疗卫生单位公开招聘工作人员报名表报考单位： 报考岗位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 身份证号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 户口所在地 |  | 民族 |  | 性别 |  | 政治面貌 |  |
| 最高学历 |  | 毕业时间 |  | 学习形式 |  |
| 毕业院校 |  | 专业 |  |
| 参加工作时间 |  | 健康状况 |  | 专业技术职称 |  |
| 联系地址 |  | 固定电话 |  |
| 移动电话 |  |
| E-mail |  | 邮 编 |  |
| 现工作单位 |  | 工作职务 |  |
| 个人简历 |  |
| 我郑重承诺：本人所提供的个人信息证明资料、证件等真实、准确，并自觉遵守事业单位公开招聘的各项规定，诚实守信、严守纪律，认真履行应聘人员的义务。对因提供有关信息证件不实、不能按时毕业或违反有关纪律规定所造成的后果，本人自愿承担相关责任。 报名人员签名：  **年 月 日** |
| 报审考核单意位见 | （盖章）   年 月 日 | 身份证复印件粘贴处 |  |

**注意：本表格一式贰份，以上表格内容必须填写齐全。** |