附件

2024**年启东市第四人民医院公开招聘 卫生室人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | **性别** |  | | **出生年月** |  | | | 照片 | |
| **身份证**  **号 码** |  | | | | | **政治面貌** |  | | |
| **全日制**  **教 育** | **学历** |  | | **毕业院校** | |  | | | |
| **学位** |  | |
| **毕业时间** |  | | **毕业专业** | |  | | | | | |
| **在职**  **教育** | **学历** |  | | **毕业院校** | |  | | | | | |
| **学位** |  | |
| **毕业时间** |  | | **毕业专业** | |  | | | | | |
| **报考岗位** |  | | | | | | | **籍贯** | | |  |
| **现有资格** |  | | | | | | **发证**  **时间** | |  | | |
| **家庭详**  **细地址** |  | | | | **联系**  **方式** | | **常用电话：** | |  | | |
| **其它电话：** | |  | | |
| **个人**  **简历**  **（从初中开始）** |  | | | | | | | | | | |
| **奖惩**  **情况** |  | | | | | | | | | | |
| **审核**  **意见** | 审核人签名： 年 月 日 | | | | | | | | | | |
| **填表说明** | **1.此表相关内容由本人按要求如实填写。发现弄虚作假的，取消报名或聘任资格，后果由考生负责。**  **2.字迹清楚，不得涂改。报名表上交后一律不予更改。** | | | | | | | | | | |

**本人确认签名：**