江苏省阜宁县县直医疗卫生事业单位公开招聘医学类紧缺专业及高层次人才报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 | |  | | 性  别 | | |  | | | | | | | 出 生  年 月 | | | |  | | | | | | | 贴  照  片  处  （另外1张在照片背面注明姓名、报考岗位） | | | | | |
| 参加工  作时间 | |  | | 工作单位 | | |  | | | | | | | 政治面貌 | | | |  | | | | | | |
| 普通高校全日制  学历学位 | |  | | 何时毕业于何院(校) | | | | |  | | | | | | | | | | | | | | | |
| 所学专业   （毕业证书为准） | |  | | 户籍所在  派出所（填到具体镇、区） | | | | |  | | | | | | | | | | | | | | | |
| 报考  单位（岗位） | |  | | | | | | | 报考专业 | | | | | | | |  | | | | | | | | | | | | | |
| 执业资格 | |  | | | 技术职称 | | | | | |  | | | | | | 联系  电话 | | | | |  | | | | | | | | |
|  | | | | | | | | |
| 家庭住址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 婚否 | |  | 身份证号 | | |  |  |  | |  | | |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |
| 主  要  简  历 | 学习简历（从高中起） | | | | | | | | | | | 工作简历 | | | | | | | | | | | | | | | | | | |
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| 本人承诺 | 本人已详细阅读招聘公告，自觉遵守公告中的各项规定，表中填写的信息以及提供的材料均真实有效。若有违背上述承诺的行为，自愿放弃，取消聘用资格并承担一切责任。    承诺人：                           年     月     日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |