附件1

德阳市第六人民医院（东汽医院）

2019年公开考核招聘卫生专业技术人员报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 | |  | | | | | | 性别 | | | |  | | | 联  系  电  话 | | | | | | 移动电话 | | | |  | | | | |
| 民族 | |  | | | | | | 政治  面貌 | | | |  | | | 固定电话 | | | |  | | | | |
| 学历 | |  | | | | | | 学位 | | | |  | | | 健康状况 | | | | | | | | | |  | | | | |
| 毕业  院校 | |  | | | | | | | | | | | | | 学习类别 | | | | | | | | | |  | | | | |
| 专业 | |  | | | | | | | | | | | | |
| 工作  单位 | |  | | | | | | | 参加  工作  时间 | | |  | | | 职务  (职称、等级） | | | | | | | | | |  | | | | |
| 公民身份号码 | |  |  | |  | |  | | |  |  | |  |  | |  |  | |  | | |  |  |  | |  | |  |  | |
| 通讯  地址 | |  | | | | | | | | | | | | | | | | 邮政编码 | | | | | | |  | | | | |
| 家庭  地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人  简历  (始于  高中) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩情况 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 获得过何种证书、有何特长 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家  庭  成  员  情  况 | | | | 姓名 | | | | | | | | 与本人关系 | | | | | | | | 工作单位 | | | | | | | 职务 | | |
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| 报考志愿 | 报考单位 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 报考岗位 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 岗位编码 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 承诺 | | | | | | 以上内容，全部真实，若有弄虚作假，愿承担由此造成的一切后果。  承诺人（签名）：  年月日 | | | | | | | | | | | | | | | | | | | | | | | |

说明：

1.请报考者认真阅读说明后如实填写，每人限报一个岗位。报考者隐瞒有关情况或者提供虚假材料的，主管机关有权取消其资格，所造成的一切后果由报考者本人承担。

2.“学习类别”指普通高等学校、成人高等教育、高等教育自学考试等。

3.本表后附身份证、学历证书、学位证书、执业证书复印件等证明资料。