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| **2020年三门县医疗卫生单位公开招聘事业编制工作人员报名表** | | | | | | | | | | | | | | | | | | | |
| 报考单位： |  | | | | | | | | | | | | | 报考岗位： | | | |  | |
| 姓 名 |  | | | | | 性别 | |  | | | 出生  年月 | | |  | | | | | 2018 年后 免冠 一寸 彩照 |
| 身份证号码 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 户口所在地 |  | | | | | | 户口不在台州的 是否台州生源 | | | | | |  | | 政治面貌 | |  | |
| 普通高校 最高学历 |  | | | 毕业时间 |  | | | | 所学专业 |  | | | | | | | | |
| 成人高校 最高学历 |  | | |  | | | |  | | | | | | | | |
| 最高学历毕业院校 | | |  | | | | | | | | | | | | | | | | |
| 参加工作时间 | |  | | | | | | 健康  状况 | | |  | | | 专业技术或职业(执业)资格 | | | | |  |
| 现工作单位 |  | | | | | | | | | | 工作  职务 | | |  | | | | | |
| 联系地址 |  | | | | | | | | | | | | | | 邮政  编码 | | |  | |
| 联系电话 | |  | | | | | | | | | | | | | | | | | |
| 个人简历 |  | | | | | | | | | | | | | | | | | | |
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| **本人承诺：上述填写内容和提供的相关依据真实，符合招聘公告的报考条件。如有不实，弄虚作假，本人自愿放弃应聘资格并承担相应责任。**  报考承诺人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | |
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|
| 招聘单位  审核意见 | （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | |
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| 备注 |  | | | | | | | | | | | | | | | | | | |
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