**永平县人民医院公开招聘编外医务人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | 性别 | | | | | |  | | | | 出生年月 | | | | | |  | | | | 照片 |
| 身份证  号码 |  |  |  |  | |  | |  |  |  | |  |  |  | |  |  |  |  | | |  |  |  |
| 籍贯 |  | | | | 民族 | | | | | |  | | | | 婚姻状况 | | | | |  | | | | |
| 政治  面貌 |  | | | | 学历 | | | | | |  | | | | 学位 | | | | |  | | | | |
| 毕业  学校 |  | | | | | | | | | | 毕业  时间 | | | |  | | | | | 所学  专业 | | | | |  |
| 报考  岗位 |  | | | | | | | | | | 联系  电话 | | | |  | | | | | 邮箱 | | | | |  |
| 通讯地址 | | | | | | |  | | | | | | | | | | | | | 邮政  编码 | | | | |  |
| 户口所在地 | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 家庭详细地址 | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 外语等级 | | | | | | |  | | | | | | | | 计算机等级 | | | | | | | | | |  |
| 普通话等级 | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 曾获何种专业证书或行业资质证书、有何特长 | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 简历 | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩情况 | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 应聘人员  承诺签名 | | | 本人郑重承诺所以上信息真实、准确，如有任何不实、弄虚作假或违反政策规定的情况，愿按有关规定接受相应处理。  承诺人（签字）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | |