附件1

衢州市柯城区医疗卫生事业单位面向院校招聘

2025年应届医学类毕业生报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **招聘单位** | |  | | | **招聘岗位** | | | |  | | | | | | **照片** | | |
| **姓 名** | |  | **性别** |  | **民族** |  | | **籍贯** | | | |  | | |
| **政治面貌**  **及入党时间** | |  | **身高（CM）体重（kg）** | |  | | | **健康状况** | | | |  | | |
| **身份证号** | |  | | | **联系电话** | |  | | | | | | | |
| **毕业学校** | |  | | | | | | | | **学历** | | |  | | **学位** |  | |
| **家庭住址** | |  | | | | | | | | **学制** | | |  | | **是否服从分配** | |  |
| **个人简历（从高中开始）** | |  | | | | | | | | | | | | | | | |
| **奖惩情况** | |  | | | | | | | | | | | | | | | |
| **诚**  **信**  **声**  **明** | **兹保证以上所填信息和提供的材料属实，同意招聘单位在整个招聘过程对本人报名材料的审核，如有不实，愿取消聘用资格，并承担一切后果。**  **报名人（手写签名）：**  **年 　 月　 日** | | | | | | | | | | **资**  **格**  **审**  **查** | | |  | | | |