附件：

**永嘉县溪下乡卫生院公开招聘劳务派遣人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | | | **性别** | |  | | **出生年月** | |  | | **照**  **片** |
| **身份证号码** | | | |  | | | | **籍贯** | |  | | |
| **文化程度** | | | |  | | **所学专业** | |  | | **职称** | |  |
| **应聘岗位** | | | |  | | | | | | | | |
| **毕业院校及专业** | | | 全日制  教育 | | |  | | | | | | | |
| 在职  教育 | | |  | | | | | | | |
| **通讯地址** | | |  | | | | | | | | | | |
| **手机号码** | | |  | | | | | **紧急联系人及号码** | | | |  | |
| **本人**  **学习**  **或**  **工作**  **简历** |  | | | | | | | | | | | | |
| **考核组意见** | **年 月 日** | | | | | | | | | | | | |
| **单位**  **审核意见** | **年 月 日** | | | | | | | | | | | | |

**说明：** 1. 此表由应聘者本人填写，双面打印。

2. 请应聘者如实详尽提供准确的个人资料并工整填写此表，如所填信息与事实不符，或提供虚假材料的，将取消应聘资格，后果由应聘者自负。