双堡医疗次中心面向社会公开招聘聘用人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | 性别 | |  | | | 民族 |  | |  | 照片 |
| 身份证号 |  | | | | | | | 出生日期 | | |  | |  |
| 政治面貌 |  | | | 户籍所在地 | |  | | | | | | |  |
| 学历 |  | | | | | | | | 毕业时间 | |  | |  |
| 毕业院校 | | |  | | | | | | | | | | | |
| 是否满足该岗位要求的报考条件 | | | | | |  | | | | | 联系电话 |  | | |
| 主要简历（从高中开始填写） | |  | | | | | | | | | | | | |
| 报名信息确认栏 | | | | 以上填写信息均为本人真实情况，若有虚假、遗漏、错误，责任自负。  考生签名： 代报人员签名： | | | | | | | | | | |
| 请粘贴1张近期正面1寸免冠同底彩色证件照 | | | | | | | | | | | | | | |

**注：本表须用A4纸打印（只收打印表）并在“考生签名”处亲笔签名。**