阿拉善右旗2026年卫生健康系统急需紧缺

卫生专业技术人才校园招聘报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | |  | | **性别** | | |  | | | **出生年月** |  | | **照片** |
| **民族** | |  | | **户籍所在地** | | |  | | | **政治面貌** |  | |
| **身份证号** | |  | | | | | | | | | | |
| **学 历** | | **本科** | | **毕业院校系及专业、学位** | | |  | | | | | | |
| **研究生** | | **毕业院校系及专业、学位** | | |  | | | | | | |
| **联系电话** | |  | | | **电子邮箱** | | |  | | | **微信号** |  | |
| **报考单位及**  **岗位** | | （每位考生仅能报考一个岗位） | | | | | | | | | | | |
| **报考岗位是否存在**  **回避情况** | | | |  | | | | | | **资格证书**  **取得情况** |  | | |
| **学 习**  **经**  **历** | （从高中阶段填起） | | | | | | | | | | | | |
| **工**  **作**  **经**  **历** |  | | | | | | | | | | | | |
| **申请人（签名）： 年 月 日** | | | | | | | | | | | | | |
| **是否审核通过** | | |  | | | **审核人** | | |  | | | | |

注：报名表打印成一页或正反打印