**威远县紧密型县域医共体管理委员会**

**招聘编外人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **报考单位** | |  | | | | | | | | **报考岗位** | | | | | |  | | **彩色**  **照片** |
| **姓 名** | |  | | | | | | **性别** | |  | | | **出生年月** | | |  | |
| **身份证号码** | |  | | | | | | | | **政治面貌** | | | | | |  | |
| **学历** | **全日制**  **教育** | | |  | | **毕业院校**  **及专业** | | | |  | | | | | | | **毕业时间** |  |
| **在职教育** | | |  | | **毕业院校**  **及专业** | | | |  | | | | | | | **毕业时间** |  |
| **是否属**  **在职人员** | | |  | | | | **现工作单位** | | |  | | | | | | | **工作年限** |  |
| **联系电话** | | |  | | | | | | | | | | | | **邮 编** | |  | |
| **通讯地址** | | |  | | | | | | | | | | | | **备 注** | |  | |
| **本人**  **学习**  **及工**  **作简**  **历** | | |  | | | | | | | | | | | | | | | |
| **主要社会**  **关系（父母、配偶、子女）** | | | **与本人关系** | | **姓名** | | | | **性别** | | **出生**  **年月** | | | **现工作单位及职务或职称** | | | | |
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| **资格**  **审查**  **人员**  **审核**  **意见** | | | **审核人：**  **年 月 日** | | | | | | | | | **主要负责人**  **复核**  **意见** | | | **复核人：**  **年 月 日** | | | |

**说明：1.此表由应聘人员本人填写，并经招聘单位审核，完善报名手续；**

**2.请应聘人员仔细阅读公告和报考岗位资格条件，完全符合报考资格条件的，请如实详尽真实准确地填报个人资料。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，后果由应聘人员自负。**

**应聘人员承诺签名： 年 月 日**