衢州市市直医疗卫生单位公开招聘工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | 身份证号 |  |  |  | |  |  | |  | | |  |  |  | |  | |  | | |  |  |  |  |  | |  |  | 贴  一  寸  近  照 | |
| 民 族 |  | | | | 政治面貌 |  | | | | | | | | 学 历 | | | | | | |  | | | | | | | | | | | |
| 户口所在地或毕业生生源地 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所学专业 | |  | | | | 毕业院校 | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 联系电话 | |  | | | | | | | 是否普通高校应届生 | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 报考单位 | | |  | | | | | | | | | 报考岗位 | | | | | | | | | | |  | | | | | | | 岗位代码 | | | |  |
| 现工作单位 | | |  | | | | | | | | | 职 称 | | | | | | | | |  | | | | | | | | | | | | | |
| 通讯地址 | | | |  | | | | | | | | 邮政编码 | | | | | | | | |  | | | | | | | | | | | | | |
| 工  作  (或  学  习)  简  历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人  承诺  愿意  高职  低聘 | 签名： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 用  人  单  位  初  审  意  见 | （盖章）  年 月 日 | | | | | | | | | | | 主管  部门  审核  意见 | | | | | | | （盖章）  年 月 日 | | | | | | | | | | | | | | | |