周口港区医院公开招聘工作人员报名登记表

填报职位：                              是否服从调剂：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓　名 | | |  | | | 性别 |  | | 出　生  年　月 | | | |  | | | | | 照  片 | | | | | | | |  |
| 民　族 | | |  | | | 籍贯 |  | | 现 户  籍 地 | | | |  | | | | |  |
| 政治面貌 | | |  | | | 婚 姻状 况 |  | | 参加工作年月 | | | |  | | | | |  |
| 执业资格 | | |  | | | | 专业技  术职称 | |  | | | | | | | | |  |  |  |  |  |  |  |  |  |
| 其他与报考岗位相关证书 | | | | |  | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |
| 学  历 | 全日制教  育 | | |  | | | 毕业院校  系及专业 | |  | | | | | | | | | | | | | | | | |  |
| 在  职教  育 | | |  | | | 毕业院校  系及专业 | |  | | | | | | | | | | | | | | | | |  |
| 工作单位  及职务 | | | |  | | | | | | | | | | | | | | | | | | | | | |  |
| 联系电话 | | 手机：  电话： | | | | | 身份证号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 简历  （学习、工作经历，从高中学习写起） | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| 本人郑重承诺，报名参加周口港区医院公开招聘，所填写的报名登记表表及各项证明材料均为真实合法有效。如有虚假不实和隐瞒，一切相应后果由自己承担，招聘单位有权取消报考资格和解除聘用合同。                        应聘人员签名：                       年   月   日 | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 资格  审查  意见 | | 审查人员签名：                       年   月   日 | | | | | | | | | | | | | | | | | | | | | | | |  |
| 备注 | |  | | | | | | | | | | | | | | | | | | | | | | | |  |