**磐安县卫健事业单位招聘考试报名表**

**报考单位：                   报考职位：                 编号：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓  名** | |  | **身份证号** | |  |  |  | |  |  |  | |  | |  |  |  | |  |  | |  |  |  |  |  |  |  | **近 期**  **免 冠**  **二 寸**  **正 照** |
| **政  治**  **面  貌** | |  | **性别** | |  |  | | | | **民 族** | |  | | | | | | | **户籍** | | | |  | | | | | |
| **学  历** | |  |  | **毕业时间** | | | |  | | | | | | **专业技术资格** | | | | | | |  | | | | | | | |
| **毕业学校** | |  |  | | | | | | | | | | | **所学专业** | | | | | | |  | | | | | | | | |
| **现工作**  **单位** | |  |  | | | | | | | | | | | **参加工作时间** | | | | | | |  | | | | | | | | |
| **通讯地址** | |  |  | | | | | | | | | | | **联系方式** | | | | | | | **手机：** | | | | | | | | |
|  | **邮箱：** | | | | | | | | |
| 学习  简历 | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作  简历 | |  | **（工作经历按时间+单位+岗位填写，并注明是否事业编内）** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。**    声明人（签名）：                         年     月     日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格    审核    意见 | |  | **（报考单位盖章）**  年     月    日 | | | | | | | | | | | | | | | **（主管部门盖章）**  年     月    日 | | | | | | | | | | | |