**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 |