附件3：

2016年阜宁县医疗卫生事业单位公开招聘工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | 性  别 | | |  | | | | | | | 出 生  年 月 | | | |  | | | | | | | | 贴  照  片  处  （另外1张在照片背面注明姓名、报考岗位） | | | | |  |
| 参加工  作时间 | |  | | 工作单位 | | |  | | | | | | | 政治面貌 | | | |  | | | | | | | |  |
| 普通高校全日制  学历学位 | |  | | 何时毕业于何院(校) | | | | |  | | | | | | | | | | | | | | | | |  |
| 所学专业  （毕业证书为准） | |  | | 户籍所在  派出所（填到具体镇、区） | | | | |  | | | | | | | | | | | | | | | | |  |
| 报考  单位（岗位） | |  | | | | | | | 报考专业 | | | | | | | |  | | | | | | | | | | | | | |  |
| 执业资格 | |  | | | 执业类别 | | | | | |  | | | | | | 联系  电话 | | | | |  | | | | | | | | |  |
|  | | | | | | | | |  |
| 家庭住址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 婚否 | |  | 身份证号 | | |  |  |  | |  | | |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  | |
| 主  要  简  历 | 学习简历（从高中起） | | | | | | | | | | | 工作简历 | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |
| 本人承诺 | 本人已详细阅读招聘公告，自觉遵守公告中的各项规定，表中填写的信息以及提供的材料均真实有效。若有违背上述承诺的行为，自愿放弃，取消聘用资格并承担一切责任。    承诺人：                           年     月     日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |