附件

青田县卫健系统公开招考编外人员

报名表

报名序号： 填表日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | | | 性别 | | | |  | | | | | 出生年月 | | | | | |  | | | | | 照片 |
| 民族 |  | | | | | | | 籍贯 | | | |  | | | | | 政治面貌 | | | | | |  | | | | |
| 身份证号 |  |  | |  | |  |  | |  |  |  | | |  |  |  | |  | |  |  |  | |  |  | |  |
| 学历 |  | | | | | | 毕业院校 | | | | | |  | | | | | | | | 所学专业 | | | | | |  | |
| 通讯地址 |  | | | | | | | | | | | | | | | | | | | | 联系号码 | | | | | |  | |
| 参加工作时间 | | | | |  | | | | | | | | | | | | | | 报考岗位 | | | | | | |  | | |
| 简历 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报名人声明 | | | 本报名表所填写内容准确无误，所提交的证件真实有效，如有虚假，由此产生的一切后果由本人承担。  报名人签字： | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查意见 | | | 审查人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |

注：报名序号由工作人员统一填写。