附件1：

泰兴市人民医院2019年公开招聘卫生专业技术人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **报考岗位：**   报名序号： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | |  | | | | | | | | | | | | | 性别 | | | | |  | | | | | | 民族 | | | | | | |  | | | | | 籍贯 | |  | | 照  片 | | |
| 出生年月 | |  | | | | | | | | | | | | | 政治面貌 | | | | | | | |  | | | | | | | | | | | | | 婚姻状况 | | |  | | |
| 毕业院校 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 毕业时间 | | |  | | |
| 学历 |  | | | | | | | 学位 | | | | |  | | | | | | | | | | | | | | 所学专业 | | | | | | | | | |  | | | | |
| 工作单位 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 单位性质 | | |  | | |
| 执业资格（职称） | | | | |  | | | | | | | | | | | 参加工作时间 | | | | | | | | |  | | | | | | | | | | | 工作年限 | | |  | | |
| 通讯地址 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 邮政编码 | | | | |  |
| 身份证号 | | | | |  |  |  | | |  |  |  | |  | | |  |  |  | |  |  | |  |  | | |  | |  | |  | |  | 联系电话 | | | |  | | | | | |
| 掌握何种外语及程度 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | 是否服从岗位调剂 | | | | | |  | | | |
| 学习和工作经历  （从高中填起） | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要奖惩情况 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭成员情况 | | | | | | | | | 姓 名 | | | | | | | | | | 关 系 | | | | | | | | | | | | 所在单位 | | | | | | | | | | | | 职 务 | |
|  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | |
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|  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | |
| 承 诺 书 | | | | | | | | | 本人提供的上述信息均真实有效，符合招聘简章规定的报考条件和岗位要求，并符合回避制度要求。如有不实，由此造成的一切后果自负。若被聘用，单位可随时解除与本人的聘用关系。  承诺人: 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 人事科初审意见 | | | 审核人：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | 医院  复审意见 | | | | | | | | | 审核人：  年 月 日 | | | | | | |
| 备 注 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |