**附件1：**

**2020年太仓市卫健系统**

**公开招聘高层次、紧缺卫技人才报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | 性 别 | | |  | | | | | | 出生年月 | | | | |  | | | （照片） | | | | | |
| 政治  面貌 |  | | | | | | | 户籍所在地 | | | | | |  | | | | | | | |
| 毕业  院校 |  | | | | | | | | | | | | | 毕业时间 | | | | |  | | |
| 学历 |  | | | | | | | | | | | | | 学位 | | | | |  | | |
| 所学专业 |  | | | | | 联系电话 | | | | | | | |  | | | | | | | |
| 通讯地址 |  | | | | | | | | | | | | | | | | | | | | |
| 身份证  号码 |  |  |  | |  | |  | |  |  |  |  | | |  |  | |  | |  |  | |  |  | |  |  |
| 应聘单位 |  | | | | | | | | | | | | | | | | | | 单位代码 | | | | | |  | | |
| 应聘岗位 |  | | | | | | | | | | | | | | | | | | 岗位代码 | | | | | |  | | |
| 个人  主要  简历 | 起止年月 | | | 在何地、何单位、任何职（从初中开始填写） | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 以上各项由报名者如实填写，一经发现作假，资格取消，责任由应聘者自负。 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 初审意见 | （盖章）  年 月 日 | | | | | | | | | | | | 复审意见 | | | | （盖章）  年 月 日 | | | | | | | | | | |