附件

2020年锡山区卫生健康委直属事业单位

定向招聘报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本情况** | 姓 名 |  | | | 性 别 | | |  | | | | 民 族 | |  | （贴照片处） |
| 出生年月 |  | | | 政治面貌 | | |  | | | | 参加工作日期 | |  |
| 身份证号 | |  | | | | | | | | | 职 称 | |  |
| 现 住 地 址 | | |  | | | | | | 户籍所在地 | |  | | |
| 工作单位 | | |  | | | | | | 联系方式 | | |  | |
| **报考单位** | | | |  | | | | | | | | | | |
| **教育情况** | 毕业院校 | | |  | | | | | | | 最高学历（学位） | | |  | |
| 毕业专业 | | |  | | | 毕业时间 | |  | | 培养方式 | | |  | |
| 外语水平 | | |  | | | | | | | 计算机水平 | | |  | |
| **学习工作经历** |  | | | | | | | | | | | | | | |
| **家庭情况** | **称 谓** | **姓 名** | | | | **工 作 单 位 及 职 务** | | | | | | | | | |
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| **奖惩情况** |  | | | | | | | | | | | | | | |
| **对以上情况本人确认签字： 年 月 日** | | | | | | | | | | | | | | | |
| **审查意见** | **报考单位（盖章）：**  **年　　 月　 日** | | | | | | | | | | | | | | |