霍州市医疗集团人民医院专业技术人员

招聘报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 | |  | | | 出生年月 | |  | （一寸红底免冠照） |
| 民族 |  | | | 政治面貌 | |  | | | 婚否 | |  |
| 籍贯 |  | | | | 现住址 | | |  | | | |
| 身份证号码 | |  | | | | | | | | | | |
| 联系电话 | |  | | | | | 电子邮箱 | | |  | | |
| 毕业院校 | | | | 全日制 | | 学历 | | | 专业 | | 学制 | 学历证明 |
|  | | | | 是 否 | |  | | |  | |  |  |
|  | | | | 是 否 | |  | | |  | |  |  |
| 资格证类型 | | |  | | | | | | | | | |
| 报考学科及岗位 | | |  | | | | | | | | | |
| 资格审核认定 结果 | | | 合格 不合格 | | | | | | | | | |
| 审核人签字 | | |  | | | | | | | | | |
| 注：现场报名时携报名表，完善个人基本信息并张贴照片，原件在报名资格审核后退还本人，复印件留存入档。 | | | | | | | | | | | | |