2020年吴中区卫生健康委员会面向驻吴部队军人随军家属 定向招聘护士资格审查登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | | | 性别 | | | | |  | | | | 出生  年月 | | | | |  | | | | | | | **（贴照片处）** | | | | | |
| 民族 |  | | | | | 户籍  （生源）地 | | | | |  | | | | 政治  面貌 | | | | |  | | | | | | |
| 毕业院校 |  | | | | | | | | | 毕业时间 | | | | |  | | | | | | | | | | | |
| 现工作单位及岗位 | | |  | | | | | | | 参加工作时间 | | | | |  | | | | | | | | | | | |
| 学历 |  | | | | | | | | | | 学位 | | | |  | | | | | | | | | | | |
| 所学专业 |  | | | | | | | | | | 职称及其他资格 | | | |  | | | | | | | 档案关系所在地 | | | | |  | | | | | |
| 身份  证号 |  |  | |  |  | |  |  | | | |  |  |  | | |  |  | | |  | | |  | |  | | |  |  |  |  |
| 通信  地址 |  | | | | | | | | | | | | | | | | | | 邮政  编码 | | | | | |  | | | | | | | |
| 联系电话 | | |  | | | | | | 手机号码 | | | | | | | | | |  | | | | | | | | | | | | | |
| 应聘单位名称 |  | | | | | | | | | | | | | | | | | | | | | | 岗位  代码 | | | | |  | | | | |
| 政策性照顾或其他放宽情况 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **报名者承诺：以上信息真实，无隐瞒、虚假或重复报名等行为；所提供的应聘材料和证书（件）均为真实有效；不存在须回避的关系。如有虚假，本人愿承担一切责任。**  **报名者（代报名者）签名：**  **2020年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **招聘单位初审意见： 审查者签名： 2020年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**资 格 审 查 记 录**

（由验证处工作人员填写）

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| **资格审查项目**  **（合格的打√）** | **户籍生源地** | **年龄条件** | **学历要求** | **专业要求** | **其他资格条件** |
|  |  |  |  |  |
| **验证人员**  **审核意见** | **验证意见： 签名： 2020年 月 日** | | | | |
| **报名者另需**  **说明的事项** | **报名者签名： 2020年 月 日** | | | | |

**注：本表一式两份，另附个人近期同底1寸证件照2张。**