宜兴市卫健系统2021年面向普通高校毕业

研究生公开招聘事业编制工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **基本情况** | 姓 名 |  | | | | | | | | | | | | | | | | 性 别 | | | |  | | | （贴照片处） |
| 民 族 |  | | | 出生年月 | | | | |  | | | | | | | | 政治面貌 | | | |  | | |
| 身份证号 |  |  |  |  | |  | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  |
| **报名情况** | 报考岗位名称 | |  | | | | | 是否服从调剂 | | | | |  | | | 报考岗位代码 | | | | | |  | | |
| 报考单位 | |  | | | | | | | | | | | | | 有无病史 | | | | | |  | | | |
| 家庭住址 | |  | | | | | | | | | | | | | 户籍所在地 | | | | | | \*\*省\*\*市 | | | |
| **教育情况** | 毕业院校 | |  | | | | | | | | | | | | | 全日制学历（学位） | | | | | |  | | | |
| 毕业专业 | |  | | | | 毕业时间 | | | |  | | | | | 培养方式 | | | | | |  | | | |
| 外语水平 | |  | | | | | | | | | | | | | 计算机水平 | | | | | |  | | | |
| **个人简历** | 从高中填起，如\*\*\*\*年\*\*月—\*\*\*\*年\*\*月 \*\*\*\*\*高中就读，若学生期间担任学生干部请注明。 | | | | | | | | | | | | | | | | | | | | | | | | |
| **家庭情况** | 称 谓 | 姓 名 | | | | 工 作 单 位 及 职 务 | | | | | | | | | | | | | | | | | | | |
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| **奖惩情况** | 填写奖惩、发表论文、学术成果等情况 | | | | | | | | | | | | | | | | | | | | | | | | |
| **其他信息** | 通讯地址 |  | | | | | | | | | | | | | | | 联系电话  （确保畅通有效） | | | |  | | | | |
| 单位 (学校) |  | | | | | | | | | | | | | | | 固定电话 | | | |  | | | | |
| **对以上情况本人确认签字： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 以 下 内 容 由 工 作 人 员 填 写 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报名序号： 报考岗位： 报考岗位代码： 身份证号校对：  **审核人确认签字： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **审查意见** | **报考单位（盖章）： 年　　 月　 日** | | | | | | | | | | | | | | | | | | | | | | | | |

说明：“是否服从调剂”需填是或否。“是”即若本岗位不录取，愿意调剂到同条件的其他岗位；“否”即若本岗位不录取，不愿意调剂到同条件的其他岗位。