附件

报名序号（工作人员填写）：

温州市龙湾区第一人民医院编外人员招聘报名表

报名单位： 报名岗位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | 性  别 |  | 民  族 | | |  | | | | | | | | 出生  年月 | | | |  | | | | | | | 照  片 |
| 籍贯 |  | | | 现户口  所在地 |  | | 执业资格、技术资格、技术等级 | | | | | | | | | | |  | | | | | | | | | | |
| 政治面貌 | |  | | | 身份证  号码 | |  |  | | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |
| 全日制教育  学历、学位 | |  | | | 学制 年 | | | | 毕业院校  及 专 业 | | | | | |  | | | | | | | | | | | | | | |
| 在职教育  学历、学位 | |  | | | 学制 年 | | | | 毕业院校  及 专 业 | | | | | |  | | | | | | | | | | | | | | |
| 通讯地址 | |  | | | | | | | | | | | | | 联系电话  手 机 | | | | |  | | | | | | | | | |
| 个人学习工作简历： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人声明：上述填写的内容真实完整。如有不实，本人愿意承担取消招聘资格的责任。  申请人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审核意见 | | | 审核人： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | |