附件3

2024年南城县总医院公开引进高素质人才

报名登记表

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 | |  | | 民族 | |  | 照片 |
| 身份证号码 |  | | | | | | 政治面貌 | |  |
| 电话号码 |  | | | | | | 籍贯 | |  |
| 报考岗位 |  | | 报考代码 | | |  | 技术职称 | |  |
| 现居地址 |  | | | | | | 户籍  地址 |  | | |
| 教育经历 | 起止年月 | | | 毕业院校 | | | | | 专业 | |
|  | | |  | | | | |  | |
|  | | |  | | | | |  | |
|  | | |  | | | | |  | |
| 工作情况 | 起止年月 | | | 工作单位 | | | | | 岗位/职务 | |
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|  | | |  | | | | |  | |
| 家庭主要成员 及重要社会关系 | 称谓 | 姓名 | | 出生年月 | | | 政治面貌 | | 工作单位及职务 | |
|  |  | |  | | |  | |  | |
|  |  | |  | | |  | |  | |
|  |  | |  | | |  | |  | |

本人保证上述内容填写属实，如弄虚作假，愿承担相应法律后果。 确认签名：