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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **石城县第三人民医院公开招聘编外人员报名登记表** | | | | | | | | | | |
| **姓  名** | |  | **性  别** |  | | **出生年月** | |  | | **照  片** |
| **民  族** | |  | **政治**  **面貌** |  | | **学  历** | |  | |
| **户口所在地** | |  | **本人联系电话** | |  | | | | |
| **身份证号** | |  | | | | | | | |
| **毕业时间、**  **院校及专业** | | **全日制第一学历** |  | | | | | | | |
| **现有学历** |  | | | | | | | |
| **报考岗位** | |  | | | **是否愿意岗位调剂** | | | | **□是     □否** | |
| **职业资格证** | |  | | | **证书编号** | |  | | | |
| **个人简历（从高中起含毕业后工作经历）** | |  | | | | | | | | |
| **本人声明：上述填写内容真实完整，提供的报考资料原件和复印件齐全真实。如有不实，本人愿承担一切责任。**  **报考人（签名）：**  **年    月   日** | | | | | | | | | | |
| **资格审查**  **意见** | **审核人签名：**  **年   月   日** | | | | | | | | | |