**附件2：**

**余姚市第四人民医院医共体招聘编外人员报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 身份证号码 | |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | 1寸照片 |
| 性别 |  | 出生年月 | |  | | | | | | | | | 学历/学位 | | | | |  | | | | | |
| 毕业时间 |  | 毕业院校 |  | | | | | | | | | | 所学专业 | | | | |  | | | | | |
| 职称 |  | | 执业资格 | | | | |  | | | | | 政治面貌 | | | | |  | | | | | |
| 家庭地址 |  | | 邮编 | | | | |  | | | | | 移动电话 | | | | |  | | | | | | |
| 其他电话 | | | | |  | | | | | | |
| 工作单位 | （历届考生填写） | | | | | | | | | | | | | | | | | | | | | | | |
| 本  人  简  历 | 从初中开始 | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭  主要  成员  情况 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 真实  性承  诺 | 本人承诺：本人所填写的内容真实可靠，所提供的证书、证明等材料真实有效、取得途径合法。如有任何不实，本人愿意接受余姚市第四人民医院取消本人应聘、录用资格等有关处理决定。  签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |
| 招聘  资格  审核  意见 | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |