附件

温州市医疗保障局招聘编外聘用人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | 性 别 | | |  | | | | 出生年月 | | | |  | | | |  |
| 身份证号 |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
| 政治面貌 |  | | | | 现户口所在地（市、区） | | | | | | | | | | |  | | | |
| 全日制  学历 |  | | | | 毕业院校及  专业 | | | | |  | | | | | | | | | |
| 在职学历 |  | | | | 毕业院校及  专业 | | | | |  | | | | | | | | | |  |
| 联系地址 |  | | | | | | | | | | | 手机号码 | | | |  | | | | |
| 固定电话 | | | |  | | | | |
| 个人简历 |  | | | | | | | | | | | | | | | | | | | |
| 奖惩情况 |  | | | | | | | | | | | | | | | | | | | |
| **本人声明：上述填写内容真实完整。如有不实，本人愿承担取消招聘资格的责任。** | | | | | | | | | | | | | | | | | | | | |
| **申请人（签名）： 2024 年 月 日** | | | | | | | | | | | | | | | | | | | | |
| 审核意见 |  | | | | | | | | | | | | | | | | | | | |
| 审核人： 年 月 日 | | | | | | | | | | | | | | | | | | | |