2022年五河县人民医院招聘社会化用人报名表

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| 姓 名 |  | | | | | | 身份证号 | | | | |  | | | | | | | | | | | | | **照片 粘贴处** | |
| 性 别 |  | 政治面貌 | | | | |  | | | | | 籍贯 | | |  | | | | | | 民族 | |  | |
| 毕业院校 |  | | | | | | | | 毕业时间 | | | |  | | | | | | 专业 | | |  | | |
| 学历 |  | | 学位 | | |  | | | | | 联系电话 | | | | | |  | | | | | | | |
| 实习/工作单位 |  | | | | | | | | | | | | | 报考  岗位 | | | |  | | | | | | 报考岗  位代码 | |  |
| 身体状况 |  | | | 药物过敏史 | | | |  | | | | | | 家庭  住址 | | | |  | | | | | | | | |
| 本人简历（从高中  填起） | 起止时间 | | | | 学 校 | | | | | | | | | | | | | | | 学制 | | | 专业 | | | 证明人 |
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| 家庭成员及主要  社会关系 | 姓名 | | | | 关系 | | | | | 政治面貌 | | | | | | 工作单位 | | | | | | | | | | |
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| 特长爱好 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 考生诚信 承诺意见 | 本人郑重承诺:  1、上述所填写的内容及所提供报名材料、证件均真实有效，若有虚假，将取消聘用资格。  2、凭有效身份证参加面试，如因身份证无效不能参加考试，责任自负。  3、本人不属于县以上人社部门认定有考试违纪行为且在停考期内的人员。  应聘人（签字）：  2022年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查 意 见 | 审查人（签字）：  2022年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |

注：本表在电脑上填写好内容打印后贴上照片，手写签名扫描后发报名邮箱