**附件：**

**富顺县代寺镇中心卫生院招聘报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | **性别** | |  | **出生年月** |  | | | | |  |
| **身份证号码** | |  | | | | **政治面貌** |  | | **籍贯** |  | |
| **毕业时间** | |  | | **最高学历** | |  | **学位** | | |  | |
| **毕业院校及专业** | |  | | | | | | | | | |
| **联系电话** | |  | | | | | | **邮编** | | |  | |
| **通讯地址** | |  | | | | | | | | | | |
| **本**  **人**  **学**  **习**  **或**  **工**  **作**  **简**  **历** |  | | | | | | | | | | | |
| **单位**  **审查**  **意见** | **审核人：**  **年 月 日** | | | | | | | | | | | |

**说明：** 1、此表由报考者本人填写，并经招考单位初审，完善报名手续；

2、请报考者如实详尽真实准确地填报个人资料，如所填信息与事实不符，或提供虚假材料的，将取消报考资格，后果由报考者自负。

**报考人签名：**