附件1

绍兴市本级卫生健康单位2023届院校招聘报名表

报考单位： 报考岗位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 | | |  | | 身份证号 |  |  | |  | |  |  | |  | |  |  | | |  |  |  | |  |  | |  |  | |  | |  |  |  | |
| 户口  所在地 | | |  | | 民族 |  | | | | | | | 性别 | | | | |  | | | | | 政治  面貌 | | | | | |  | | | | | |  | |
| 最高学历 | | |  | | 毕业时间 | | |  | | | | | | | | | | | 学习形式 | | | | | | |  | | | | | | | | |
| 毕业院校 | | |  | | | | | | | | | | | | | | | | | 专业 | | | | | |  | | | | | | | | |
| 参加工作时间 | | |  | | 健康  状况 |  | | | | | | | 专业技  术职称 | | | | | | | | | |  | | | | | | | | | | | | | |
| 联系  地址 | | |  | | | | | | | | | | | | | | | | | | | | 固定电话 | | | | | | | |  | | | | | |
| 移动电话 | | | | | | | |  | | | | | |
| E-mail | | |  | | | | | | | | | | | | | | | | | | | | 邮 编 | | | | | | | |  | | | | | |
| 现工作单位 | | | |  | | | | | | | | | | | | | | | | | | | 工作职务 | | | | | | | |  | | | | | |
| 个  人  简  历 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 我郑重承诺：本人所提供的个人信息证明资料、证件等真实、准确，并自觉遵守事业单位公开招聘的各项规定，诚实守信、严守纪律，认真履行应聘人员的义务。对因提供有关信息证件不实、不能按时毕业或违反有关纪律规定所造成的后果，本人自愿承担相关责任。  报名人员签名： **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报审考核单意位见 | （盖章）    年月日 | | | | | | | | | 身  份  证  复  印  件  粘  贴  处 | | | | |  | | | | | | | | | | | | | | | | | | | | | |

**注意：本表格一式两份，以上表格内容必须填写齐全，若没有填写无。**