2024年徐州市卫生健康委直属事业单位

公开招聘高层次卫生人才报名表

报名序号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **基本情况** | 姓名 |  | | | | | | | | | | | | | | | | 性别 | | | | |  | | | | | | | | （贴照片处） |
| 民族 |  | | | 出生年月 | | | | |  | | | | | | | | 政治面貌 | | | | |  | | | | | | | |
| 身份证号 |  |  |  | |  |  | |  | |  |  |  | | |  |  | |  | |  |  | | |  |  |  | |  | |
| **报名情况** | 报考单位 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报考岗位名 称 |  | | | | | | | | | | | | 报考岗位 代 码 | | | | | | | |  | | | | | | | | | |
| **教育及职称情**  **况** | 学 历 |  | | | | | 学 位 | | | | |  | | | | | | | | 毕业时间 | | | | | | | |  | | | |
| 毕业专业 |  | | | | | | | | | | 研究方向 | | | | | | | |  | | | | | | | | | | | |
| 毕业院校 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现有资格（职称） |  | | | | | | 资格（职称）  专业 | | | | | | |  | | | | | | | | | 现有资格（职称） 取得时间 | | | | | |  | |
| **其他信息** | 原工作  单位 |  | | | | | | | | | | | | | | | | | | 参加工作时间 | | | | | | | |  | | | |
| 通讯地址 |  | | | | | | | | | | | | | | | | | | 联系电话 （固定电话及手机） | | | | | | | |  | | | |
| 电子邮箱 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人承诺以上信息真实、准确、有效，如有虚假，责任自负。 是否存在回避关系： 是🞎 否🞎**  **本人确认签字： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **招聘单位审核意见** | 印 章  年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**说明：招聘单位审核盖章后，应聘人员请将此表及相关报名材料交给招聘单位，否则视为**

**报名无效。**