**附件：**  编号：

**2020年苏州市第五人民医院急需招聘疫情防治**

**专业技术人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | | | | 性别 | | | | | |  | | | | 出生  年月 | | | |  | | | | | | | **（贴照片处）** | | | |
| 民族 |  | | | | | | 户籍 | | | | | |  | | | | 政治  面貌 | | | |  | | | | | | |
| 毕业  院校 |  | | | | | | | | | | | 毕业时间 | | | | |  | | | | | | | | | | |
| 现工作单位及岗位 | |  | | | | | | | | | | 参加工作  时间 | | | | |  | | | | | | | | | | |
| 学历 |  | | | | | | | | | | | | 学位 | | | |  | | | | | | | | | | |
| 所学  专业 |  | | | | | | | | | | | | 职称及  其他资格 | | | |  | | | | | | | | | | | | | | |
| 身份  证号 |  | |  | |  |  | |  | |  | | |  | |  |  | |  |  | | |  |  | | |  |  | |  |  |  |
| 通信  地址 |  | | | | | | | | | | | | | | | | | | | 邮政  编码 | | | |  | | | | | | | |
| 联系电话 | | | |  | | | | | | | 手机号码 | | | | | | | | |  | | | | | | | | | | | |
| 应聘单位名称 | 苏州市第五人民医院 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 应聘岗位名称 |  | | | | | | | | | | | | | 应聘岗位代码 | | | | | | | | | | |  | | | | | | |
| 工  作  经  历 | 起止时间（年月） | | | | | | | | 单位及从事工作 | | | | | | | | | | | | | | | | 任职职称 | | | | 证明人 | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |  | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |  | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |  | | |
| **报名者承诺：以上信息真实，无隐瞒、虚假报名等行为；所提供的应聘材料和证书（件）扫描件均为真实有效；不存在须回避的关系。如有虚假，本人愿承担一切责任。**  **报名者签名：**  **2020年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **招聘单位初审意见： 审查者签名： 2020年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：本表一式两份，对照岗位条件，应聘人员于2020年2月25日至2月28日，将填写的《苏州市第五人民医院急需招聘疫情防治专业技术人员报名表》、个人简历、身份证正反面、毕业证书、学位证书、医师资格证、医师执业证及专业技术资格证等拍照或扫描件上传至电子邮箱：szwy87806026@126.com。