**余姚市城乡居民基本医疗保险管理中心公开招聘编外工作人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | | | 性别 | | | |  | | | | 民族 | | | | |  | | | | 婚否 | | | | |  | | | 照片 |
| 政治  面貌 |  | | | | | 籍贯 | | | |  | | | | 出生地 | | | | | | | | |  | | | | | | | |
| 身份  证号 |  |  |  | |  |  |  | |  | |  | |  | |  |  |  | | |  | |  | |  |  | | | |  |  |
| 学历学位 | 全日制教育 | | | |  | | | | 毕业时间 | | | |  | | | | 毕业院校  及专业 | | | | | | | | |  | | | | | |
| 在职  教育 | | | |  | | | | 毕业时间 | | | |  | | | | 毕业院校  及专业 | | | | | | | | |  | | | | | |
| 户籍地址 |  | | | | | | | | | | | 现住址 | | | | | |  | | | | | | | | | | | | | |
| 工作单位 |  | | | | | | | | | | | | | | | | | 联系电话 | | | | | | | | |  | | | | |
| 报考岗位 |  | | | | | | | | | | | | | | | | | 本人签名： | | | | | | | | | | | | | |
| 本  人  简  历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主  要成员  及重要  社会关  系 | 称谓 | | | 姓名 | | | | 出生年月 | | | | | | 政治面貌 | | | | | | | 工作单位及职务 | | | | | | | | | | |
|  | | |  | | | |  | | | | | |  | | | | | | |  | | | | | | | | | | |
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|  | | |  | | | |  | | | | | |  | | | | | | |  | | | | | | | | | | |
| 真  实  性  承  诺 | 本人承诺：本人所填写的内容真实可靠，所提供的证书、证明等材料真实有效、取得途径合法。  签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 招聘单  位意见 | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |