附件2

2018年德清县武康健保集团和新市健保集团联合公开招聘卫技人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **招聘单位名称** | |  | | | | | | | | | | | | | | **招聘岗位名称** | | |  | | | | | | | | | |
| 姓 名 |  | | | | | | | 性别 | |  | | | | 民族 | |  | | | 政治面貌 | | | |  | | | 一寸免冠照片 | |
| 身份证  号 码 |  | | |  |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  | |  |  |
| 户 籍  所在地 | 省（市） 县（市、区） | | | | | | | | | | | | | | | 婚姻状况 | | | | |  | | | | |
| 最高学历 |  | | | | | | | 学 位 | | |  | | | | | 专业技术职 称 | | | | |  | | | | |
| 毕业院校 |  | | | | | | | | | | | | | | | 所学专业 | | | | |  | | | | | 毕 业  时 间 |  |
| 现工作单位及岗位 |  | | | | | | | | | | | | | | | 单位性质 | | | | |  | | | | | 参加工作时间 |  |
| 家庭详细地 址 |  | | | | | | | | | | | | | | | 固定电话  （必填） | | | | |  | | | | | 手 机  （必填） |  |
| 个人简历及  奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人承诺：**本人符合报名条件要求，在报名表中填报的信息真实、准确、一致。所提供的学历证书等相关证件均真实有效。如有弄虚作假或填写错误，由本人承担一切后果，并自愿接受有关部门的处理。  本人签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审核  意见 | | | 审核人：  年 月 日  （盖章） | | | | | | | | | | | | | | | | | | | | | | | | |