附件3

**2020年浙江省湖州市市级医院卫生高层次人才招聘报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本情况** | 姓名 |  | | | | 性别 | |  | | | 民族 | |  | | | | 出生地 | | | | |  | | | | | | | （贴照片处） | |
| 户 籍  所在地 |  | | | | 出生年月 | | | | |  | | | | | | 政治面貌 | | | | |  | | | | | | |
| 身份证号 |  |  |  |  |  |  | | |  |  |  | |  |  | | |  | |  |  | |  |  |  | |  | | |  | |
| 报考单位 |  | | | | | | | | | | | | | | | | | 报考岗位 | | | | | | |  | | | | |
| **教育工作情况** | 毕业院校 |  | | | | | | | | | | | | | | | | | 专业 | | | | | | |  | | | | |
| 学历 |  | | | | | | | | | | | | | | | | | 毕业时间 | | | | | | |  | | | | |
| 职称 |  | | | | | | | 规培情况 | | | | | | |  | | | | | | | 英语等级 | | | | |  | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要学习、工作简历（高中起） |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **其他信息** | 电子邮箱 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通讯地址 |  | | | | | | | | | | | | | | | | | 联系电话 | | | | | | |  | | | | |
| **本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。**  **确认签字： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **审查意见** | 报考单位人事部门审查意见  印章  年　　月　　日 | | | | | | | | | | | | | | 审核部门意见  印章  年　　月　　日 | | | | | | | | | | | | | | | |