附件：

嘉兴市秀洲区妇幼保健院

招聘编外合同工报名表

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 报名序号： | | |  |  |  | |  |  | |
| 姓 名 | |  | | | | 身份证号 | | | | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | 贴  一  寸  近  照 |
| 民 族 | |  | | | | 性 别 | | | | |  | | | | | | 政治面貌 | | | | | | |  | | | | | |
| 最高学历 | |  | | | | 最高学位 | | | | |  | | | | | | 是否普通  高校应届 | | | | | | |  | | | | | |
| 出生年月 | |  | | | | 参 加 工  作 时 间 | | | | |  | | | | | | 健康状况 | | | | | | |  | | | | | |
| 户 籍 所  在 地 | |  | | | | 生 源 地 | | | | |  | | | | | | 婚姻状况 | | | | | | |  | | | | | |
| 执业资格及取得时间 | |  | | | | | | | | | | | | | | | 专业技术资格及取得时间 | | | | | | |  | | | | | | |
| 初始学历 | |  | | | | 毕业时间 | | | | |  | | | | | | 毕业院校 及 专 业 | | | | | | |  | | | | | | |
| 最高学历 | |  | | | | 毕业时间 | | | | |  | | | | | | 毕业院校 及 专 业 | | | | | | |  | | | | | | |
| 现工作单位及岗位 | |  | | | | | | | | | | | | | | | 联系电话 | | | | | | |  | | | | | | |
| 家庭地址 | |  | | | | | | | | | | | | | | | 手机号码 | | | | | | |  | | | | | | |
| 学习、工  作简历 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员情况 | | 姓 名 | | | | 称 谓 | | | | | 年 龄 | | | | | | 政治面貌 | | | | | | | 工作单位及职务 | | | | | | |
|  | | | |  | | | | |  | | | | | |  | | | | | | |  | | | | | |  |
|  | | | |  | | | | |  | | | | | |  | | | | | | |  | | | | | |  |
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| 个  人  承  诺 | 1.本人对上述所填内容的真实性负责，如有隐瞒，愿承担一切责任。  2.需要回避的人员（指夫妻关系、直系血亲关系、三代以内旁系血亲及近姻亲关系），请如实填写“有”或“无”： 。如有，为（姓名）： 。  3.如为他人代报的，代报人签名后，上述承诺视同考生本人承诺，并承担相应责任。  **签名： 代报人签名：**  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 招考单位审核意见  签名：  年 月 日 | | | | | | | | | | | | | | | | | | | 贴  一  寸  近  照  （备用） | | | | | | | | | | | |
| 身份证复印件粘贴处 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 代报人身份证复印件粘贴处 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 代 报 人 姓 名 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 与 报 考 人 关 系 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 代报人联系地址 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 代报人联系电话 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 代 报 人 签 名 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |