附件：

永嘉县中医医院医共体招聘劳务派遣人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | 性 别 | | |  | | | | 出生年月 | | | |  | | | | | | | 照片 |
| 岗 位 |  | | | | | | | | | | | | 职 称 | | | |  | | | | | | |
| 身份证号码 |  |  |  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  |  | |  |
| 通讯地址 |  | | | | | | | | | | | | | | | | | 手机号 | | | |  | | |
| 普通全日制学历 | 学 历 | | | | |  | | | | | | | | | | | | 专 业 | | | |  | | |
| 毕业院校 | | | | |  | | | | | | | | | | | | 毕业时间 | | | |  | | |
| 个人简历 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 个人爱好  及特长 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 诚信承诺 | 本人所提供（填写）的个人信息、证件、证明材料，真实正确。若有虚假，所产生的一切后果由本人承担。  报考人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |
| 考核组意见 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 单位意见 | （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 |  | | | | | | | | | | | | | | | | | | | | | | | |