永嘉县中医医院医共体桥下分院劳务派遣人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | | | **性别** | |  | | **出生年月** | |  | | **照**  **片** |
| **身份证号码** | | | |  | | | | **籍贯** | |  | | |
| **文化程度** | | | |  | | **所学专业** | |  | | **职称** | |  |
| **应聘岗位** | | | |  | | | | | | | | |
| **毕业院校及专业** | | | **全日制**  **教育** | | |  | | | | | | | |
| **在职**  **教育** | | |  | | | | | | | |
| **通讯地址** | | |  | | | | | | | | | | |
| **手机号码** | | |  | | | | | **紧急联系人及号码** | | | |  | |
| **本**  **人**  **学**  **习**  **或**  **工**  **作**  **简**  **历** |  | | | | | | | | | | | | |
| **考核组意见** | **年 月 日** | | | | | | | | | | | | |
| **单位**  **审核意见** | **年 月 日** | | | | | | | | | | | | |

**说明：** 1. 此表由应聘者本人填写；

2. 请应聘者如实详尽提供准确的个人资料并工整填写此表，如所填信息与事实不符，或提供虚假材料的，将取消应聘资格，后果由应聘者自负。