**镇江市第四人民医院公开招聘工作人员报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓　名** | |  | | **性别** | | |  | **出生**  **年月** | | |  | | | **民族** | | |  | | 照片 |
| **身份证号** | |  | | | | | | | | | **户籍**  **所在地** | |  | | | | | |
| **职位名称** | |  | | | **职位代码** | | | |  | | | | **政治**  **面貌** | | |  | | |
| **毕业院校** | |  | | | | | | | | **所学专业** | | |  | | | | | | |
| **学 历** | |  | **学历**  **性质** | | |  | | | | **学位** | |  | | | **毕业时间** | | |  | |
| **工作单位** | |  | | | | | | | | | | | **职务职称** | | | |  | | |
| **通讯地址** | |  | | | | | | | | | | | **联系电话** | | | |  | | |
| **其他**  **相关**  **资格**  **条件** |  | | | | | | | | | | | | | | | | | | **有无回避关系？** |
|  | | | | | | | | | | | | | | | | | |  |
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| **学习**  **工作**  **简历** |  | | | | | | | | | | | | | | | | | | |
| **个人**  **承诺** | **本人已仔细阅读招聘简章、职位表等相关资料，承诺所填写的个人信息资料真实准确，并符合招聘职位的要求。由于个人信息填写不准确而导致不能正常参加笔试、面试或取消录取资格等情况，由本人承担全部责任。**  **应聘人签字：** | | | | | | | | | | | | | | | | | | |
| **审核**  **意见** | **审核人(签名) ： 年 月 日** | | | | | | | | | | | | | | | | | | |
| **备 注** |  | | | | | | | | | | | | | | | | | | |

请将[此表发送至zjsybm@163.com](mailto:此表发送至zjsybm@163.com)