附件1：

**2017年乐清市卫计系统公开招聘**

**医药卫生类毕业生报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | 身份证号 |  | |  |  |  | |  | |  | |  |  |  |  | |  |  | |  |  | |  |  | |  |  | | 贴一寸近照 |
| 民族 | |  | | 性别 |  | | | | | | | 专业技术  职　　称 | | | | | | |  | | | | | | | | | | | | |
| 毕业院校 | |  | | | | | | | | | | 专　　业 | | | | | | |  | | | | | | | | | | | | |
| 学历 | |  | | | | | | | | | | 毕业时间 | | | | | | |  | | | | | | | | | | | | |
| 户籍所在地 | | |  | | 工作单位 | | | | | | |  | | | | | | | | | | | | | 联系电话 | | | | | | |  |
| 原籍所在地 | | |  | | 通讯地址 | | | | | | |  | | | | | | | | | | | | | 手 　机 | | | | | | |  |
| 报考单位 |  | | | | | | | | | | | | | | | | | | | | | 报考单位  代　　码 | | | | | |  | | | | |
| 报考岗位 |  | | | | | 报考岗位  代　　码 | | | | | | | |  | | | | | | | | 报名序号 | | | | | |  | | | | |
| **本人声明：本人符合报名条件要求，在报名表中填报的信息真实、准确、一致。所提供的学历证书等相关证件均真实有效。如有弄虚作假或填写错误，本人愿意承担取消招聘资格的责任后果，并自愿接受有关部门的处理。**  申请人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 其 它 说 明 事 项 | |  | | | | | | | | 初　审　意　见 | | | | 审核人：  年 月 日 | | | | | | | | | | | | | | | | | 贴一寸近照 | |

**备注：1每个考生只能报考一个岗位。**