附件一：

2018年绍兴市上虞人民医院招聘合同制人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | |  | | | 身份证号 | |  | |  |  |  |  | |  |  | |  |  |  |  |  | |  |  |  |  |  |  |
| 性 别 | | |  | | 学 历 |  | 毕业时间 | | | | |  | | | | | 政治  面貌 | | |  | | | 贴  一  寸  近  照 | | | | | | |
| 毕业学校 | | |  | | | | | | | | | 毕业  专业 | | | | |  | | | | | |
| 资格证名称 | | | | | |  | | | | | | 执业注册专业 | | | | |  | | | | | |
| 原工作  单 位 | |  | | | | | | | 人员  性质 | | | □事业在编 □非事业编制 | | | | | | | | | | | | | | | | | |
| 户籍 | | 省 地（市） 县（市、区） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报考专业 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人联系  电 话 | | | |  | | | 其他联系人  及电话 | | | | | | |  | | | | | | | | | | | | | | | |
| 计算机等级 | | | |  | | | 英语水平等级 | | | | | | | |  | | | | | | | | | | | | | | |
| 家庭所在  地 址 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员及其工作单位 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作简历或在校奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 承  诺  书 | 对公告内容、招考要求已知晓，本人承诺以上所填内容均真实。如有不实之处，一经查实，作自动淘汰处理，直至取消聘用资格。  签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 人事科  资格审查意见 | 签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |