台州市医疗保险服务中心编外工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | | | 性别 | | | |  | | | | 民族 | | | | | |  | | | | 婚否 | | | | |  | | | 照片 |
| 政治  面貌 |  | | | | | 籍贯 | | | |  | | | | 出生地 | | | | | | | | | |  | | | | | | | |
| 身份  证号 |  |  |  | |  |  |  | |  | |  | |  | |  |  | |  | | |  | |  | | |  |  | | |  |  |
| 学历学位 | 全日制教育 | | | |  | | | | 毕业时间 | | | |  | | | | | 毕业院校及专业 | | | | | | | | | |  | | | | |
| 户籍地址 |  | | | | | | | | | | | 现住址 | | | | | | |  | | | | | | | | | | | | | |
| 原工作单位 |  | | | | | | | | | | | | | | | | 原工作岗位 | | | | | | | |  | | | | | | | |
| 工作年限 |  | | | | | | | | | | | | | | | | 联系电话 | | | | | | | |  | | | | | | | |
| 持有何证书 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本  人  简  历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主  要成员 | 称谓 | | | 姓名 | | | | 出生年月 | | | | | | 政治面貌 | | | | | | | | 工作单位及职务 | | | | | | | | | | |
|  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | |
|  | | |  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | |
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| 真  实  性  承  诺 | 本人承诺：本人所填写的内容真实可靠，所提供的证书、证明等材料真实有效、取得途径合法。如有任何不实，本人愿意接受台州市医疗保险服务中心取消本人应聘、录用资格等有关处理决定。  签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 招聘单位  意见 | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |