晋城市2020年全科医生特设岗位招聘人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 身份证号 | |  | | | | | | |  |
| 性别 |  | | 出生年月 | |  | | | | 政治面貌 | |  |
| 民族 |  | | 婚姻状况 | |  | | | | | | |
| 学历 | 学位 | | 毕业院校 | | | | | 专业 | | | 毕业时间 | 是否为  全日制 |
|  |  | |  | | | | |  | | |  |  |
| 资格证书  编码 |  | | | | | | | 资格证  类别 | | |  | |
| 现工作单位 |  | | | | | 现工作单位和主管部门  是否同意报考 | | | | | |  |
| 联系电话 |  | | | | | 通讯地址 | | | |  | | |
| 身体状况 |  | | | | | 户口所在地 | | | |  | | |
| 个  人  简  历 |  | | | | | | | | | | | |
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| （注：个人简历包括教育经历和工作经历，教育经历从大学起） | | | | | | | | | | | |
| 审  查  意  见 |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  |  | |  | | | 审核人签名： | | | | |  |

报考单位及岗位： 报名序号：