# 本溪满族自治县第三人民医院公开招聘合同制人员报名登记表

序 号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | | | | 性别 | | |  | | | | 民族 | | | |  | | | 出生 日期 | | | |  | | | | | | | 照  片 | | |
| 身份 证号 |  |  | |  |  |  | |  |  | | |  |  | |  |  | | |  |  | |  |  | | |  | | |  |  | |
| 政治  面貌 |  | | | | | | 学历 | | |  | | | | | | | | 学位 | | |  | | | | | | | | | | |
| 毕业院校 及所学专业 | | |  | | | | | | | | | | | | | | | | | | | | | | | | 毕 业 时 间 | | | | |  | | |
| 现工作单位 及职务（职称） | | |  | | | | | | | | | | | | | | | | | | | | | | | | 参加工作时间 | | | | |  | | |
| 户 口 所在地 | 市　　　县（区）　　　　　　乡（街） | | | | | | | | | | | | | | | | | | | | 固 定  电 话 | | | | | |  | | | | | | | |
| 移 动  电 话 | | | | | |  | | | | | | | |
| 报 考 单 位 | 本溪满族自治县第三人民医院 | | | | | | | | | | | | | | | | 报 考 岗 位 | | | |  | | | | | | | | | | | | | |
| 岗 位 代 码 | | | |  | | |  | | | |  | | |  | |  |  |
| 是否符合报考职位资格条件要求 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 诚  信  承  诺 | 本人郑重承诺：本人提交的信息资料真实、准确，经与所报职位报考资格条件核实，确认本人符合该职位的报考资格条件。如本人不符合考试报名条件进行了报名，将无条件服从主管部门做出的考试成绩无效的决定。由此产生的一切后果由个人承担。  考生签字：  年　 　月　　 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审查  意见 | 审核人：  审核（章） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |