龙胜各族自治县卫生健康局招聘工作人员报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** | |  | | **民族** | |  | **入党**  **时间** | |  | | | | **近期免冠两寸照片（电子材料也要插入照片电子版）** | | |
| **出生**  **年月** |  | **身份证**  **号码** | |  | | | | | **身高**  **（㎝）** | |  | | | |
| **籍贯** |  | **户口所在省、市、县** | | |  | | | | **身体**  **状况** | |  | | | |
| **参加工作时 间** |  | **工作**  **单位** | **在编□ 不在编□** | | | | | | **单位**  **类别** | | **企业□**  **事业单位□**  **党政机关□** | | | **职务（职称）及获得时间** | |  | |
| **毕业院校及时间** |  | | | **专业** | | |  | | | | | **学历** |  | | | **学位** |  |
| **有何**  **特长** |  | | | | | | | | | | | | | | | | |
| **学 习**  **简**  **历** |  | | | | | | | | | | | | | | | | |
| **工**  **作**  **简**  **历** |  | | | | | | | | | | | | | | | | |
| **奖惩**  **情况** |  | | | | | | | | | | | | | | | | |
| **联系电话：** | | | | | | | | | | **E-mail：** | | | | | | | |
| **应聘者承诺** | 本人对填写、提交的信息材料真实性、准确性、合法性、有效性负责，如有虚假，本人愿承担一切后果并接受相关处理。  签名： 年 月 日 | | | | | | | | | | | | | | | | |