附件3：

招远市卫健系统2021年派遣制工作人员报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 |  | | | | | | | | 政治面貌 | | | | | | | | | | |  | | | | | | | | | 民族 | |  | | 贴照片处 | |
| 身份证号 |  |  |  |  |  |  | |  | |  |  | | |  | |  |  |  | | |  |  | |  | | |  |  | 性别 | |  | |
| 出生年月 |  | | | | | | 学 历 | | | | | | | |  | | | | | | | | 报考职位 | | | | | |  | | | |
| 所学专业 |  | | | | | | | | | | | 资格证书 | | | | | | | | | | |  | | | | | | | | | |
| 毕业院校 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 毕 业  时 间 |  | | | |
| 现服务单位 |  | | | | | | | | | | | | | | | | | | 参加工  作时间 | | | | | | |  | | | | | 婚否 | | |  |
| 家庭地址 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 联 系  电 话 |  | | | |
| 简 历 | 起止时间 | | | | | | | | | | | | | | 学习/工作单位 | | | | | | | | | | | | | | | | 专业/职位 | | | |
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| 家庭成员 | 姓名 | | | | | | 关系 | | | | | | 所在单位 | | | | | | | | | | | | 职务 | | | | | | | 回避关系 | | |
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| **特别说明：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人承诺：本人符合报名条件要求，在报名表中填报的信息真实、准确、一致。所提供的学历证书等相关证件均真实有效。如有弄虚作假或填写错误，由本人承担一切后果，并自愿接受有关部门的处理。**  **本人签名： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **初步审查意见：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

备注：报名表中的信息项,除“初步审查意见”由工作人员填写外，其它项均由本人正规填写。