附件

黔西南州医疗保障事务服务中心招聘派遣制员工报名表

报名序号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 | |  | 出生  年月 | | | | |  | | | | | | | | | | | | | | | 照片 | | | | | |
| 政治  面貌 |  | | | 民族 | |  | 学历 | | | | |  | | | | | | 毕业  时间 | | |  | | | | | |
| 毕业  学校 |  | | | | | | 所学  专业 | | | | |  | | | | | | | | | | | | | | |
| 职称 |  | | | | 身份  证号 | | |  | |  |  | |  | |  |  |  | |  |  | |  |  | |  |  | |  |  |  |  |  | |
| 婚否 |  | | | | 配偶基本情况 | | | 姓名 | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 单位 | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 现工作单位 | | |  | | | | | | | | | | | 参加工作时间 | | | | | | | | | |  | | | | | | | | |
| 户籍所  在地 | |  | | | | | | | 联系  电话 | | | | |  | | | | | | | | | | | | | | | | | | |
| 个人  简历 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报名信息确认 | | **以上填写信息均为本人真实情况，若有虚假、遗漏、错误，责任自负。**  **签名：代报人员签名：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审核  意见 | | 审核人签字：  年　月　日（盖章） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **注：**报名序号由报名处工作人员填写，其余项目由报考人员填写，填写时请仔细核对。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |