报名序号（工作人员填写）：

海城街道社区卫生服务中心公开招聘编外工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性  别 |  | 民  族 | | |  | | | | | | | | 出生  年月 | | | |  | | | | | | | | 照  片 |
| 现户口  所在地 |  | | | | 执业资格、技术资格、技术等级 | | | | | | | | | | |  | | | | | | | | | | | |
| 籍贯 | |  | 身份证  号码 | |  |  | | |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  | |  |
| 全日制教育学历、学位 | |  | | | | | 毕业院校及专业 | | | | | |  | | | | | | | | | | | | | | | |
| 在职教育学历、学位 | |  | | | | | 毕业院校及专业 | | | | | |  | | | | | | | | | | | | | | | |
| 通讯地址 | |  | | | | | | | | | | | 联系电话  手机（必填） | | | | | |  | | | | | | | | | |
| 个人简历： | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩情况： | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人声明：上述填写的内容真实完整。如有不实，本人愿意承担取消招聘资格的责任。  申请人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | （贴照片处） | | |
| 资格初审意见（工作人员填写） | | 签名： 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | （贴照片处） | | |