**附件：**

**玉溪市江川区中医医院**

**2021年招聘编制外工作人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓  名** | |  | | | **性  别** | |  | **出生年月** | |  | | | **照片** |
| **民  族** | |  | | | **籍  贯** | |  | **政治面貌** | |  | | |
| **入学时间** | |  | | | **毕业时间** | |  | **学  历** | |  | | |
| **全日制**  **毕业学校** | |  | | | | | | **所学专业** | |  | | |
| **国民教育**  **毕业学校** | |  | | | | | | **所学专业** | |  | | | |
| **报考岗位** | | | |  | | | | **联系电话** | |  | | | |
| **是否取得资格证书** | | |  | | | **资格证名称** | | |  | | **取得时间** | |  |
|
| **家庭地址** |  | | | | | | | | **身份证号** | | |  | |
| **学历简介** |  | | | | | | | | | | | | |
| **工作经历** |  | | | | | | | | | | | | |
| **自我评价** |  | | | | | | | | | | | | |
| **个人承诺**  **事项** | **本人承诺所填写内容及提交资料真实有效，无隐瞒真实情况、弄虚作假行为，否则后果自负。**    **考生签名：**  **年  月  日** | | | | | | | | | | | | |