附件：

**诸暨市医疗保障局2022年公开招聘编外人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | | | | | 性别 | | | | |  | | | | 出生  年月 | | | |  | | | | | | | | | | | 近期免冠  正面一寸彩照 |
| 身份证号码 | | |  |  |  | |  |  | |  | | |  | |  | |  |  |  | |  | |  | | |  |  |  | |  | |  |
| 户口  所在地 | |  | | | | 政治  面貌 | | | | |  | | | | | 婚姻情况 | | |  | | | | | | 健康状况 | | | |  | | | |
| 学历 | |  | | | | 学位 | | | | |  | | | | | 毕业时间 | | | | | | | |  | | | | | | | | |
| 毕业  院校 | |  | | | | | | | | | | | | | | | | | | | | | | 专业 | | | | | | |  | | |
| 参加工作时间 | |  | | | | | | | | | | 专业技术职称 | | | | | | | |  | | | | | | | | | | | | | |
| 联系  地址 | |  | | | | | | | | | | | | | | | | | | | | | | 固定电话 | | | | | | |  | | |
| 移动电话 | | | | | | |  | | |
| 现工作  单位 | |  | | | | | | | | | | | | | | | | | | | | | | 工作岗位 | | | | | | |  | | |
| 个人  简历  (从高  中起  填) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人承诺：上述填写内容和提供的相关依据真实，符合公告的条件。如有弄虚作假，**  **本人自愿放弃录用资格并承担相应责任。**  **报名承诺人（签名）： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 招聘审核单位意见 | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：1、以上表格内容必须填写齐全，表格可从网上下载填写；

2、学历填写硕士、本科、大专。