附件1

健康服务热线公开招聘工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 应聘岗位 |  | | 姓名 | | | | | | |  | | | | | | | | | | | | | 贴 一 寸 近 照 |
| 婚姻状况 |  | 身份证号 |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| 性别 |  | 出生年月 |  | | | | | | | 政治面貌 | | | | |  | | | | | | | |
| 户籍  性质 |  | 毕业院校及专业 |  | | | | | | | | | | | | | | | | | | | | |
| 最高学历 |  | 手机号码（必填） |  | | | | | | | | | | | | | | | | | | | | |
| 认证证书 |  | | | | | | | | | | | | | | | | | | | | | | |
| 现工作单位 |  | | | | | | | | | | | | | | | | | | | | | | |
| 学习  工作  简历（高中起） | 经历 | | | | 联系人 | | | | | | | | | | | | 联系电话 | | | | | | |
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| 承诺栏 | **本人声明并承诺《报名表》中填写的内容均真实完整，提交的招聘岗位要求的相关证明材料均真实有效。如有不实，本人愿承担一切责任。**  签名（请手写）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | |
| 资格  审核意见 | 审核人：    单位（盖章） 年 月 日 | | | | | | | | | | | | | | | | | | | | | | |
| 备注 |  | | | | | | | | | | | | | | | | | | | | | | |