附件

安溪县卫生健康局招聘劳务派遣人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | 性别 | | |  | 出生年月 | | |  | | | 相 片 | | |
| 籍 贯 |  | | 生 源 地 | | | |  | | | | | |
| 户口所在地 |  | | 身份证号码 | | | |  | | | | | |
| 毕业院校 |  | | | | | | 专业 | |  | | | |
| 毕业时间 |  | 学历 | | |  | | 学位 | |  | | 是否全日制  毕业 | | | |  |
| 政治面貌 |  | 民族 | |  | | | 专业技术  职称 | | | |  | | | | |
| 现工作单位  及 职 务 |  | | | | | | | 报考岗位 | | |  | | | | |
| 移动电话 |  | | | | | | 家庭电话 | | |  | | | | | |
| 通讯地址 |  | | | | | | | | | | | 邮编 | |  | |
| 个  人  简  历  (从初中起) |  | | | | | | | | | | | | | | |
| 资格审查 | 审查人签名： | | | | | | | | | | | | | | |