九江市妇幼保健院招聘派遣制人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | | **性别** | | |  | | **出生**  **年月** | | | |  | | | **民族** | | | |  | | | | | 照片 | |
| **身份**  **证号** |  | | | | | | | | | | | | **政治面貌** | |  | | | | | | | | | |
| **报考**  **岗位** |  | | | | **岗位代码** | | |  | | | | | | **是否服从分配** | | | |  | | | | | | |
| **毕业**  **院校** |  | | | | | | | **所学专业** | | | | | | |  | | | | | | | | **婚姻状况** | | |  |
| **工作 单位** | |  | | | | | | | | **参加工作时间** | | | | |  | | | | | | | | | | | |
| **户籍所在地** | |  | | | | | | | | **学 历** | |  | | | **学位** | | | |  | | | **毕业时间** | | | |  |
| **家庭 住址** | |  | | | | | | | | | | | | | **本人联系电 话** | | | | | |  | | | | | |
| **家庭主要成员** | **姓 名** | | **关 系** | | | **政治面貌** | | | | | **工作单位** | | | | | | **职 务** | | | | | | | **联系电话** | | |
|  | |  | | |  | | | | |  | | | | | |  | | | | | | |  | | |
|  | |  | | |  | | | | |  | | | | | |  | | | | | | |  | | |
|  | |  | | |  | | | | |  | | | | | |  | | | | | | |  | | |
| **学习和工作简历** |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **报**  **名**  **信**  **息**  **确**  **认** | 本人已仔细阅读九江市妇幼保健院招聘派遣制人员公告及有关资料，承诺所填写的以上个人信息资料真实准确，若有虚假、遗漏、错误，责任自负。  **报考人签字**：  **代报人签字：**  **日期：** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **资格审查意见** | **审核人签字：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | |

注：此表须用A4纸打印