2021年金山区卫健系统公开招聘工作人员报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | 性别 |  | 民族 | |  | | | 出生年月 | |  | | 照片 |
| 政治面貌 | | |  | | 身份证号码 | |  | | | | | 籍贯 | |  | |
| 家庭住址 | | |  | | | | | | | | | 邮政编码 | |  | |
| 所学专业 | | |  | | | | 学历 | | |  | | 学位 | |  | |
| 毕业学校 | | | |  | | | | | | | | | | 毕业时间 | |  |
| 职务或  专业技术资格 | | | |  | | | | 电话及手机 | | | | |  | | | |
| 个人  学习、工作简历（从高中填起） |  | | | | | | | | | | | | | | | |
| 自我评价 |  | | | | | | | | | | | | | | | |
| 获奖  情况 |  | | | | | | | | | | | | | | | |
| 应聘  志愿 | 应聘单位 | | | |  | | | | | | 应聘岗位 | | | |  | |
| 是否愿意调剂 | | | | |  | | | | | | | | | | | |
| 应聘  承诺 | 本人承诺上述表格中所填写内容完全属实。  应聘者签名：    年 月 日 | | | | | | | | | | | | | | | |
| 备注 |  | | | | | | | | | | | | | | | |