附件2 报名序号：

岚山区乡镇卫生院招聘劳务派遣人员

报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | | | 性别 | | | |  | | | 出生年月 | | | | |  | | | | | | 贴照片处 |
| 身份证号 |  |  |  |  | |  |  | |  | |  | |  |  | |  |  |  | |  |  | |  |  |  |
| 政治面貌 |  | | | | 学历 | | | | | | | |  | | | | | | 民族 | | |  | | | |
| 毕业院校  及时间 |  | | | | | | | | | | | | 所学专业 | | | | | |  | | | | | | |
| 现家庭地址 |  | | | | | | | | | | | | 联系电话  （两个） | | | | | |  | | | | | | | |
|  | | | | | | | |
| 报考岗位 | 镇（街道）卫生院（社区卫生服务中心） 岗位 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人简历 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭成员 | 姓名 | | | | 关系 | | | | | 所在单位及职务 | | | | | | | | | | | | | | | | |
|  | | | |  | | | | |  | | | | | | | | | | | | | | | | |
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|  | | | |  | | | | |  | | | | | | | | | | | | | | | | |
| 承诺：本人符合报名条件要求，在报名表中填报的信息真实、准确。所提供的学历证书等相关证件均真实有效。如有弄虚作假或填写错误，由本人承担一切后果，并自愿接受有关部门的处理。  本人签名（手印）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查人员（签字）： 复核人（签字）： | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：.本表一式二份，在报名完成后，由区卫计局、各招聘单位备案。