附件

2022年启东市卫健委招聘编外劳务人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | | | | **性别** | | | |  | | | | **出生**  **年月** | | | |  |  |
| **身份证**  **号 码** |  | | | | | | | | | | | | | **政治**  **面貌** | | | |  |
| **全日制**  **教育** | **学历** | |  | | | | **学位** | | | |  | | | | | | **毕业**  **时间** |  |
| **毕业**  **院校** | |  | | | | | | | | | | | | **毕业**  **专业** | | |  |
| **在职**  **教育** | **学历** | |  | | | | | **学位** | | | |  | | | | | | **毕业时间** |  |
| **毕业**  **院校** | |  | | | | | | | | | | | | | | | **毕业专业** |  |
| **报考岗位代码** |  | | **婚否** |  | | | | | **户籍地址** | | | | | | |  | | | |
| **家庭详**  **细地址** |  | | | | | | | | | | | | | | | **联系**  **方式** | | **常用电话1** |  |
| **常用电话2** |  |
| **家庭成员及主要社会关系** | **称谓** | **姓名** | | | **出生年月** | | | | | | | | **政治面貌** | | | | | **单位及职务** | |
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| **奖惩**  **情况** |  | | | | | | | | | | | | | | | | | | |
| **个人学习和工作经历（从初中**  **开始）** | **本人确认签名：**  **年 月 日** | | | | | | | | | | | | | | | | | | |
| **填表**  **说明** | **1.此表相关内容由本人按要求如实填写。发现弄虚作假的，取消报名或聘任资格，后果由考生负责。 2.字迹清楚，不得涂改。报名表上交后一律不予更改。** | | | | | | | | | | | | | | | | | | |

审核人签名：