附件1：

**苏州市卫生计生委所属部分医疗卫生事业单位**

**2017年公开招聘高层次紧缺卫技专业人才报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | | | **性别** | | |  | | | | | | **出生年月** | | | | |  | | | （照片） | | | | | |
| **政治面貌** |  | | | | | | | **户籍所在地** | | | | | |  | | | | | | | |
| **毕业**  **院校** |  | | | | | | | | | | | | | **毕业时间** | | | | |  | | |
| **学历** |  | | | | | | | | | | | | | **学位** | | | | |  | | |
| **所学专业** |  | | | | | **联系电话** | | | | | | | |  | | | | | | | |
| **通讯地址** |  | | | | | | | | | | | | | | | | | | | | |
| **身份证**  **编 号** |  |  |  | |  | |  | |  |  |  |  | | |  |  | |  | |  |  | |  |  | |  |  |
| **应聘单位** |  | | | | | | | | | | | | | | | | | | **单位代码** | | | | | |  | | |
| **应聘岗位** |  | | | | | | | | | | | | | | | | | | **岗位代码** | | | | | |  | | |
| **个人主要简历** | **起止年月** | | | **在何地、何单位、任何职（从初中开始填写）** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **奖惩情况** |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **以上各项由报名者如实填写，一经发现作假，资格取消，责任由应聘者自负。** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **初审意见** | **（盖章）**  **年 月 日** | | | | | | | | | | | | **复审意见** | | | | **（盖章）**  **年 月 日** | | | | | | | | | | |