附件5：

**巫溪县公开（考核）招聘属地化医学类毕业生报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | 性 别 | | |  | | | 民 族 | |  | | 照片 | |
| 出生年月 |  | | | 政治面貌 | | |  | | | 学 历 | |  | |
| 学 制 | |  | |
| 毕业时间、院校及专业 | | | | |  | | | | | | | | | | |
| 专业技术资格证书或职称 |  | | | | | | | | | | | | | | |
| 身份证号码 |  | | | | | | | | 联系电话 | | | |  | | |
| 报考岗位 |  | | | | | | | | | | | | | | |
| 学习（工作）经历 |  | | | | | | | | | | | | | | |
| 何时何地受过何种奖惩 |  | | | | | | | | | | | | | | |
| 家庭主要成员及重要社会关系 | 与本人关系 | | 姓名 | | | 出生年月 | | 政治面貌 | | | 工作单位及职务 | | | | 户口所在地 |
|  | |  | | |  | |  | | |  | | | |  |
|  | |  | | |  | |  | | |  | | | |  |
|  | |  | | |  | |  | | |  | | | |  |
|  | |  | | |  | |  | | |  | | | |  |
|  | |  | | |  | |  | | |  | | | |  |
|  | |  | | |  | |  | | |  | | | |  |
| 承诺：本人填写的信息和提供的材料真实、准确。如有虚假，一经查实取消招聘资格。  本人签名： 年 月 日 | | | | | | | | | | | | | | | |
| 县人力社保局审核意见 | |  | | | | | | | | | | | | | |

填表说明：学习经历从中学开始填写

巫溪县公开考核招聘基层医疗卫生机构紧缺实用专业技术人才报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | 性 别 | | |  | | | 民 族 | |  | | 照片 | |
| 出生年月 |  | | 政治面貌 | | |  | | | 学 历 | |  | |
| 学 制 | |  | |
| 毕业时间、院校及专业 | | |  | | | | | | | | | | | |
| 专业技术资格证书或职称 |  | | | | | | | | | | | | | |
| 身份证号码 |  | | | | | | 联系电话 | | | | |  | | |
| 报考岗位 |  | | | | | | | | | | | | | |
| 学习经历 |  | | | | | | | | | | | | | |
| 工作经历 |  | | | | | | | | | | | | | |
| 何时何地受过何种奖惩 |  | | | | | | | | | | | | | |
| 家庭主要成员及重要社会关系 | 与本人关系 | | | 姓名 | 出生年月 | | | 政治面貌 | | 工作单位及职务 | | | | 户口所在地 |
|  | | |  |  | | |  | |  | | | |  |
|  | | |  |  | | |  | |  | | | |  |
|  | | |  |  | | |  | |  | | | |  |
| 承诺：本人填写的信息和提供的材料真实、准确。如有虚假，一经查实取消招聘资格。  本人签名： 年 月 日 | | | | | | | | | | | | | | |
| 县人力社保局审核意见 | |  | | | | | | | | | | | | |

填表说明：学习经历从中学开始填写。