附件：

**南江县中医医院招聘人员报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | **性 别** | |  | | **籍贯** | | |  | | | **照片**  **(近期彩色证件照)** | |
| **民 族** |  | | **联系电话** | |  | | | | | | | |
| **出生年月** |  | | **身份证**  **号 码** | |  | | | | | | | |
| **第一学历** |  | | **毕业学校及专业** | |  | | | | | | | **毕业时间** | |  |
| **最高学历** |  | | **毕业学校及专业** | |  | | | | | | | **毕业时间** | |  |
| **执(职)业资格名称** |  | | **执(职)业资格证编码** | |  | | | | | | | **执(职)业资格取得时间** | |  |
| **现工作单位及职务** |  | | | | | | | **报考岗位** | | |  | | | |
| **个人简历（从读高中填起）** |  | | | | | | | | | | | | | |
| **家庭成员及主要社会关系** | **称谓** | **姓名** | | **年龄** | | **政治面貌** | | | **工作单位及职务** | | | | | |
|  |  | |  | |  | | |  | | | | | |
|  |  | |  | |  | | |  | | | | | |
|  |  | |  | |  | | |  | | | | | |
|  |  | |  | |  | | |  | | | | | |
|  |  | |  | |  | | |  | | | | | |
|  |  | |  | |  | | |  | | | | | |
| **考生承诺** | **我自愿承诺，以上填写内容真实完整，且未与其他用人单位存在聘用合同纠纷，否则所引起的一切后果自己承担。**  **承诺人(签字、捺印)：**  **年 月 日** | | | | | | | | | | | | | |
| **所在单位意见** | **负责人(签字)： 单位（盖章）**  **年 月 日** | | | | | | | | | | | | | |
| **资格审查意见** | **审查人(签字)：**  **年 月 日** | | | | | | | | | | | | | |