附件1

沂水县引进医学类高学历人才报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | | | 性别 | |  | | 出生  年月 | | | |  | | | |  |
| 民族 |  | | | | 生源所在地 | | | |  | | | | 政治  面貌 | |  | | | | |
| 入党（团）时间 | | | | | |  | | | | | | 健康  状况 | | | | | |  | |
| 毕业院校 | | | |  | | | | | | | | | | 专业 | | | | |  | |
| 应聘岗位 | | | |  | | | | | | | 联系电话 | | | | | |  | | | |
| 大学期间所任职务 | | | | | | |  | | | | | | | | | | | | | |
| 大学期间获得奖励情况 | | |  | | | | | | | | | | | | | | | | | |
| 大学期间受处分情况 | |  | | | | | | | | | | | | | | | | | | |
| 学习简历  （高中、大学） | | |  | | | | | | | | | | | | | | | | | |

说明：1、请另附纸张提供大学期间课程考试成绩。

2、上述情况必须真实，对弄虚作假者，将直接取消考核或聘用资格。