金华市医疗急救指挥中心招聘编外工作人员

报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 | |  | | 身份  证号 |  |  |  |  |  | | | |  |  |  | | |  |  |  | | |  | |  |  | |  |  |  |  | 近 期  免 冠  一 寸  正 照 |
| 性别 | |  | | 民族 |  | | | | | | 健康  状况 | | | | | |  | | | | | 政治  面貌 | | | | |  | | | | |
| 学历 | |  | | | | | | | | | 毕业  时间 | | | | | |  | | | | | | | | | | | | | | |
| 毕业  院校 | |  | | | | | | | | | | | | | | | 专 业 | | | | | | |  | | | | | | | | |
| 家庭  住址 | |  | | | | | | | | | | | | | | | 固定电话 | | | | | | |  | | | | | | | | |
| 移动电话 | | | | | | |  | | | | | | | | |
| 职称或  专业资格 | |  | | | | | | | | | | | | | | | 邮 编 | | | | | | |  | | | | | | | | |
| 下一栏由全日制普通高校应届毕业生填写 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 生源地 | | 省 市 县(市、区) | | | | | | | | | | 现户籍所在地 | | | | | | | | | 省 市 县(市、区) | | | | | | | | | | | |
| 下一栏由非全日制普通高校应届毕业生（社会人员）填写 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现户籍所在地 | | | 省 市 县（市、区） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个  人  简  历 | | （注：个人简历包括教育经历和工作经历、教育经历从高中起） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩  情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。  声明人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格  审核  意见 | | （报考单位及主管部门盖章）  年 月 日 | | | | | | | | 身  份  证  复  印  件  粘  贴  处 | | | | | |  | | | | | | | | | | | | | | | | |

注意：1、表格内容必须填写齐全，填写时字迹必须清楚工整，切勿潦草。

2、生源地是指经高考，被高校录取时户口所在地。