附件2：

**余姚市中医医院及分院编外招聘报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **姓名** |  | | **身份证号码** | | | | | | |  |  |  | |  |  | | |  |  |  | | |  |  |  |  | |  | | |  |  | |  |  |  | **1寸照片** |
| **性别** |  | **出生**  **年月** | | |  | | | | | **学历/**  **学位** | | | | | |  | | | | | | | | | | | **外语等级** | | | | | |  | | | |
| **毕业**  **时间** |  | | | **毕业院校** | | |  | | | | | | | | | | | | | | | **专业** | | | | | | | |  | | | | | | |
| **考生单位及职位** |  | | | | | | | | **职位编码** | | | | | | | |  | | | | | **政治面貌** | | | | | | | |  | | | | | | |
| **生源户籍所在地（乡镇）** | | | | | |  | | | | | | | | | | | | | | | | **执业资格/职称** | | | | | | | |  | | | | | | | |
| **家庭**  **地址** |  | | | | | | | **邮编** | | | | |  | | | | | | | | **手机** | | | | | | | |  | | | | | | | | |
| **其他电话** | | | | | | | |  | | | | | | | | |
| **工作**  **单位** | **（历届考生填写）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本**  **人**  **简**  **历** | **从初中开始** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **家 庭**  **主 要**  **成 员**  **情 况** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **真实性承诺** | **本人承诺：本人所填写的内容真实可靠，所提供的证书、证明等材料真实有效、取得途径合法。如有任何不实，本人愿意接受余姚市中医医院及分院取消本人考生、录用资格等有关处理决定。**  **签名：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **招 聘**  **资 格**  **审 核**  **意 见** | **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |