**石阡县人民医院2020年招聘医务人员 报名信息表 报名序号：**

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| 姓名 | |  | | 性别 |  | 民族 | | |  | 照片 | | |
| 身份证号 | | | | | | |  | | | | 出生日期 |  | | |  |
| 政治面貌 |  | | 考生生(兵）源地 | | | |  | 户籍所在地 | | |  |
| 学历 |  | | 学位 | | | |  | 毕业时间 | | |  |

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| 毕业院校 |  | 是否普通高等教育全日制 |  |  |

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| --- | --- | --- |
| 所学专业具体名称 |  |  |

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| 工作单位 |  | | 参加工作时间 | |  | | |  |
| 工作年限 |  | 专业技术职称 |  | | 其它资格名称 | |  | |
| 个人身份 | |  | 联系电话1 |  | | 联系电话2 | |  |

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| 工作单位是否同意报考 | | | |  | 是否满足该职位要求的所有报考条件 | | | |  |
| 其他需说明事项 | | | |  | | | | | |
| 报考单位代码及名称 | | |  | | 报考职位代码及名称 | | |  | |
| 报名点 | | |  | | 考试类别 | | |  | |
| 报名信息 确认栏 | | 以上填写信息均为本人真实情况，并已签订诚信报考承诺书，若有虚假、遗漏、错误，责任自负。 考生签名： | | | | | | | |
| 初 审 意 见 | 审核人：  2020年月日 (单位审核章) | | | | | 复 审 意 见 | 审核人：  2020年月日 (单位审核章) | | |

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注：1、报名成功考生须打印备用。2、“专业技术职称”：如工程师、高级工程师、会计师、高级会计师……。3、“其它资格名称”：如会计从业资格证、执业医师资格证、国家司法考试A证……。