2023年蚌埠市卫健委委属医院公开招聘紧缺专业

社会化用人资格审查表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | 民 族 | | | | |  | 健 康  状 况 | | | | |  | |  | | |
| 性 别 | |  | | 籍 贯 | | | | |  | 政 治  面 貌 | | | | |  | |
| 身份证  号 码 | |  | | | | | | | 出 生  年 月 |  | | | | | | |
| 报考单位及岗位代码 | |  | | | | | | | | | | | | | | |
| 联系电话 | |  | | | | | | 现专业技术职称 | | | | | |  | | | | | |
| 家庭住址 | |  | | | | | | | | | | | | 能否前往哈尔滨面试 | | | | |  |
| 最高学历 | |  | | | 所学专业 | | | | | |  | | | | | 学位 | | |  |
| 教育经历 | | 起止时间 | | | | | 毕业院校 | | | | | | 学历 | | | | | 所学专业 | |
|  | | | | |  | | | | | |  | | | | |  | |
|  | | | | |  | | | | | |  | | | | |  | |
|  | | | | |  | | | | | |  | | | | |  | |
|  | | | | |  | | | | | |  | | | | |  | |
| 家  庭  状  况 | 称谓 | | 姓名 | | | 政治面貌 | | | | | | 工作单位及职务 | | | | | | | |
|  | |  | | |  | | | | | |  | | | | | | | |
|  | |  | | |  | | | | | |  | | | | | | | |
|  | |  | | |  | | | | | |  | | | | | | | |
|  | |  | | |  | | | | | |  | | | | | | | |
| 诚信承诺 意 见 | | 本人上述所填写的内容和提供的相关材料、证件均真实、有效。如有虚假，取消考试和录取资格。    报考人签名：  年 月 日 | | | | | | | | | | | | | | | | | |
| 备 注 | |  | | | | | | | | | | | | | | | | | |