附件

林芝市巴宜区人民医院公开招聘人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | 性别 | | |  | 民族 | | | |  | 籍贯 | |  | 一寸免冠彩色同底证件照片 |
| 出生年月 | |  | | 政治面貌 | | |  | 身份证号码 | | | |  | | | |
| 户籍所在地 | | |  | | | | | | | | | 联系电话 | | |  | |
| 最高学历  （不含函授） | | |  | | 毕业院校、专业 | | | |  | | | | | | 毕业  时间 |  |
| 资格证类别 | | |  | | | | | | 取得时间 | |  | | | | | |
| 原工作单位 | | |  | | | | | | | | | 原工作岗位 | |  | | |
| 奖惩情况 | | |  | | | | | | | | | | | | | |
| 个人简历 |  | | | | | | | | | | | | | | | |
| 家庭成员 | 称谓 | | 姓名 | | | 年龄 | | | | 政治面貌 | | | 工作单位及职务 | | | |
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| 本人承诺 | | | 本人所填情况全部属实,如有虚假,自动取消聘用资格。  承诺人：  年 月 日 | | | | | | | | | | | | | |
| 巴宜区人民医院资格审查意见：    审核人： 日期： | | | | | | | | | | | | | | | | |