附件

宜宾市卫生健康委员会

2024年招聘编外聘用人员报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | |  | | **性别** | |  | | **出生年月**  **（ 岁）** | |  | **照片** |
| **民族** | |  | | **籍贯** | |  | | **学历** | |  |
| **政治**  **面貌** | |  | | **参加工**  **作时间** | |  | | **是否**  **退伍军人** | |  |
| **准驾**  **车型** | |  | | **初次领证时间** | |  | | | | |  |
| **身份证**  **号码** | |  | | | | | | **联系**  **电话** | |  | |
| **通信地址及邮编** | | | |  | | | | | | | |
| **个**    **人**    **简**    **历** |  | | | | | | | | | | |
| **奖惩**  **情况** |  | | | | | | | | | | |
| **家庭**  **主要**  **成员**  **及主**  **要社**  **会关**  **系** | **称谓** | | **姓名** | | **年龄** | | **政治面貌** | | **工作单位及岗位** | | |
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| **招聘单位资格审查意见** | **（盖章）**  **年 月 日** | | | | | | | | | | |
| **个人**  **承诺** | **本人郑重承诺：此表所填内容全部真实，不具有需回避的情形，如有隐瞒或提供虚假情况，愿意承担所有责任。**  **本人签名：**  **年月日** | | | | | | | | | | |
| **备注** |  | | | | | | | | | | |

**注：需要特别记载信息，请在备注栏简明扼要说明。**