附件3：

2024年宁波市江北区卫生健康系统公开

招聘事业编制应届毕业生报名表

报考单位： 报考岗位： 专业：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 身份证号 | |  | |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  | | |  |  |  | 近期免冠  一寸彩照 |
| 性 别 |  | 生源 | |  | | | | | 民族 | | | |  | | | 政治面貌 | | | | | |  | | | | |
| 现户籍 | |  | | | | |
| 毕业  时间 |  | | | | | | | | 毕业院校 | | | | | | |  | | | | | | | | | | | |
| 学历 |  | | 专业 | |  | | | | | | | | | | | 联系电话 | | | | | | |  | | | | |
| 学校  地址 |  | | | | | | | | | | | 学校  邮编 | | | | | |  | | | | | | | | | |
| 个  人  简  历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人声明：上述填写内容真实完整。如有不实，本人愿承担一切责任。  申请人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

要求：1、本表格一式一份，以上表格内容必须填写齐全。

2、个人简历分学习和工作两部分。