附件：

**2024年绍兴市上虞区卫健系统编外人员招聘登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 | |  | | | 身份证号 |  | | | | | | | | | | | | （照片） |
| 户口  所在地 | |  | | | 民族 |  | | | | | | 性别 |  | 政治  面貌 |  | | |
| 最高  学历 | |  | | | 毕业  院校 | |  | | | | | | | | 是 否  全日制 | | |
| 所学  专业 | |  | | | | | | | 毕业时间 | | | |  | | | | |
| 专业技术职称 | |  | | | | | | | 执业资格 | | | |  | | | | |
| 普通话水平 | |  | | | | | | | 计算机、英语等级 | | | |  | | | | | |
| 联系  地址 | |  | | | | | | | | | | | 联系电话 | | |  | | |
| 报考单位 | | | |  | | | | | | 报考岗位 | | | | | |  | | |
| 个  人  学  习  及  工  作  简  历 | 起时间 | | | 止时间 | | | | | | 高等学校/工作单位 | | | | | | 专业/职务(岗位) | | |
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| 奖惩  情况 |  | | | | | | | | | | | | | | | | | |
| 家庭  主要  成员 | 关系 | | 姓名 | | | | | 年龄 | | | 工作单位 | | | | | | 职务（岗位） | |
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| **本人声明：上述填写内容真实完整。如有不实，本人愿承担取消录用资格的责任。**  **申请人（签名）： 年 月 日** | | | | | | | | | | | | | | | | | | |
| **资格初审意见：**  **签名：**  **2024年 月 日** | | | | | | | | | | | | | | | | | | |