附件：

**枣庄市峄城区人民医院急需紧缺人才招聘报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | 性别 | | |  | | 出生年月 | | | |  | | 照片 |
| 学历 | | |  | | | 毕业院校  及专业 | | | | |  | | | | | |
| 身份证号 | | |  | | | | | | | | 手机号码 | |  | | | |
| 家庭住址 | | |  | | | | | | | | | | | | | |
| 籍贯 | | | | |  | | | | | | 政治面貌 | | |  | | |
| 学习简历 | 毕业学校 | | | | | | | 专业 | | | | 学历 | | | | 学位 | 毕业时间 |
|  | | | | | | |  | | | |  | | | |  |  |
|  | | | | | | |  | | | |  | | | |  |  |
|  | | | | | | |  | | | |  | | | |  |  |
| 家庭及社会关系 | 称谓 | | | 姓 名 | | | 出生年月 | | | 工作单位及职务 | | | | | | | |
|  | | |  | | |  | | |  | | | | | | | |
|  | | |  | | |  | | |  | | | | | | | |
|  | | |  | | |  | | |  | | | | | | | |
|  | | |  | | |  | | |  | | | | | | | |
| 报名岗位 |  | | | | | | | | | | | | | | | | |
| 个人承诺 | 本人对招聘公告已经完全了解，此《报名表》中所填信息及本人所提供的报名资料均真实、准确、完整、有效。如有弄虚作假，招聘单位有权取消本人应聘资格，并追究相关责任。  承诺人（签名）：  年 月 日 | | | | | | | | | | | | | | | | |

注：1.报名人员须填写有效通讯信息并保持电话畅通，因通讯不畅影响考试的，由本人承担责任。

2.报考人手写签名。