附件1

**莲花县医疗健康总院2025年公开招聘合同制卫生专业技术人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | | 性别 | | | |  | | | | | 民族 | |  | | | | | | 出生年月 | | | | | |  | | | | | | | 1寸近期  免冠照片 | | |
| 参加工作时间 | | | | |  | | | | | | | | | 政治面貌 | | | | | | |  | | | | 籍贯 | | |  | | | | | | |
| 身份证号码 | | | | |  |  |  | | |  | | |  |  |  | |  | |  | | | |  |  | |  |  | |  | |  |  |  |  | |  | | |
| 文化  程度 | | 全日制教育(学历、学位) | | |  | | | | | | | 毕业院校  及专业 | | | | | |  | | | | | | | | | | | | | | | | |  | | |
| 在职教育  (学历、学位) | | |  | | | | | | | 毕业院校  及专业 | | | | | |  | | | | | | | | | | | | | | | | |
| 取得资格名称 | | | |  | | | | | | | 注册执业证范围 | | | | | | | | |  | | | | | | | | | | 报考岗位 | | | | | | |  |
| 取得资格时间 | | | |  | | | | | | | 联系电话 | | | | | | | | |  | | | | | | | | | | 考试方式 | | | | | | |  |
| 学习  工作  简历 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人承诺 | | | | | | | | 以上情况及提供的报名材料均属真实，若有隐瞒、虚报、欺骗、作假等行为，本人愿意承担一切法律后果和责任。  报名人员（签字）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查意见 | | | | | | | | 审核人签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

说明：①本表须由报名人如实填写；②学历学位等相应信息请一律按照所获证书上内容填