**附件1**

**高青县卫生健康系统公开招聘合同制专业技术人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | 性 别 | |  | 民族 | |  | | | 照片 | | |
| 出生年月 | |  | | | | 籍贯 | |  | | | | | |
| 毕业学校 | |  | | | | 所学专业 | |  | | | | | |
| 毕业时间 | |  | | | | 学历/学位 | |  | | | | | |
| 身高(cm) | |  | | | | | | 政治面貌 | | | |  | | | | |
| 身份证号 | |  | | | | | | | 联系电话 | | |  | | | | |
| 现住址 | |  | | | | | | | | | | | 婚姻状况 | | |  |
| 报考岗位 | |  | | | | | | | | | | | | | | |
| 资格证书 | | 执业资格证名称及取得时间 | | |  | | | | | 相关资格证名称及取得时间 | | | |  | | |
| 教育经历(从高中开始填起) | | | | | | | | | | | | | | | | |
| 学习形式(全 | | | 学历/学位 | | | 入学时间 | | 毕业时间 | | | | 毕业学校及专业 | | | | |
|  | | |  | | |  | |  | | | |  | | | | |
|  | | |  | | |  | |  | | | |  | | | | |
| 工作经历(从毕业开始填起) | | | | | | | | | | | | | | | | |
| 时间 | | | | 工作地点 | | | | | | | | | 职称职务 | | 证明人 | |
|  | | | |  | | | | | | | | |  | |  | |
|  | | | |  | | | | | | | | |  | |  | |
| 家庭主要成员 | | | | | | | | | | | | | | | | |
| 关系 | 姓名 | | | 出生年月 | | | 政治面貌 | 工作单位及职务 | | | | | 联系电话 | | | |
|  |  | | |  | | |  |  | | | | |  | | | |
|  |  | | |  | | |  |  | | | | |  | | | |

本人声明以上内容属实，如有虚假，本人愿意承担由此引发的一切后果。

应聘人签名： 年 月 日