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| **附件**  **乌拉特前旗2024年度医疗卫生专业技术人员校园招聘**  **报名登记表** | | | | | | | | | | | | |
| **姓 名** |  | | **出生年月** | |  | | | **性 别** |  | **照片** | | |
| **民 族** |  | | **身份证号** | |  | | | | |
| **政治面貌** |  | | **学历** | |  | | | **学位** |  |
| **毕业院校** |  | | | **所学专业** | | |  | | **毕业时间** |  | | |
| **应聘单位** |  | | | | | **应聘岗位** | |  | **联系电话** |  | | |
| **通讯详细**  **地址** |  | | | | | **户籍**  **所在地** | |  | | | | |
| **所获执业资格证书及时间** | |  | | | | | | **是否服从调剂** | | |  | |
| **学习、工作经历（从高中经历开始填起）** | | | | | | | | | | | | |
| **起止时间** | | **学校/单位名称** | | | | | | **所学专业/岗位** | | | | **备 注** |
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| **报名人承诺：以上信息真实，无隐瞒、虚假等行为；所提供的应聘材料和证书（件）均为真实有效；不存在须回避的关系。如有虚假，本人愿承担一切责任。**  **报名人签名： 年 月 日** | | | | | | | | | | | | |
| **招聘单位审查（联系）人签名： 年 月 日** | | | | | | | | | | | | |