**运城市盐湖区医疗集团**

**2023年公开招聘专业技术人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 报考单位 | |  | | | 报考岗位 | | |  | | | | 序号 | | | |  | |
| 姓名 | |  | | 性别 | |  | | | 出生年月 | |  | | | | | |  |
| 职称 | |  | | | | 身份证号 | | |  | | | | | | | |
| 资格证 | |  | | | | 编号 | | |  | | | | | | | |
| 规培证 | |  | | | | 编号 | | |  | | | | | 联系  电话 | | |  |
| 学历 | | | 学位 | | | 毕业院校 | | | | | | | 所学专业 | | | | |
|  | | |  | | |  | | | | | | |  | | | | |
| 学习经历（高中起） | | | | | | | | | | 工作经历 | | | | | | | |
|  | | | | | | | | | |  | | | | | | | |
| 审核人 |  | | | | | |  | | | | | | | |  | | |
| 本人  承诺 | **郑重承诺：本人所提供的个人信息真实、准确，自觉遵守考试纪律和考场规则，否则自愿承担相应责任并接受处罚。**    签名： | | | | | | | | | | | | | | | | | |