**无锡市新吴区医疗卫生事业单位公开招聘编外工作人员报名登记表**

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| **基本情况** | 姓    名 | |  | | | | | | | 性别 | |  | | | 婚姻状况 | | | | |  | | | | | （贴照片处） |
| 民    族 | |  | | | 出生年月 | | | |  | | | | | 政治面貌 | | | | |  | | | | |
| 身份证号 | |  |  |  |  | |  |  |  |  |  |  |  | | |  |  |  |  |  | |  |  |
| **报名情况** | 报考岗位 | |  | | | | | | | | | | | | | 岗位代码 | | | |  | | | | |
| 报考单位 | |  | | | | | | | | | | | | | 是否服从调配 | | | | | |  | | | |
| 现 住 址 | |  | | | | | | | | | | | | | 户籍所在地 | | | | | |  | | | |
| **教育情况** | 毕业院校 | |  | | | | | | | | | | | | | 最高学历 | | | | | |  | | | |
| 毕业专业 | |  | | | | | 毕业时间 | | |  | | | | | 培养方式 | | | | | |  | | | |
| 外语水平 | |  | | | | | | | | | | | | | 计算机水平 | | | | | |  | | | |
| **职称情况** | 是否取得执业医师：是（  ）否（  ） | | | | | | | | | | | | | | | 执业类别： | | | | | | | | | |
| 职称级别：              职称类别： | | | | | | | | | | | | | | | 是否取得住院医师规范化培训合格证：是（  ）否（  ） | | | | | | | | | |
| **工作、学习**  **情况**  **(注明科室)** |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **家庭情况** | 称 谓 | | 姓 名 | | | | 工 作 单 位 及 职 务 | | | | | | | | | | | | | | | | | | |
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| **奖惩情况** |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **其他信息** | 通讯地址 | |  | | | | | | | | | | | | | 联系电话 | | | | | |  | | | |
| 原工作单位 | |  | | | | | | | | | | | | | 参加工作时间 | | | | | |  | | | |
| **报考**  **承诺** | | 本人郑重承诺：  1、真实、准确填报个人有关信息并提供证明、证件等相关材料；  2、服从考试安排，遵守考试纪律，不舞弊或协助他人舞弊。     对违反以上承诺所造成的后果，本人自愿承担相应责任。  报考人（签名）：                          年    月    日 | | | | | | | | | | | | | | | | | | | | | | | |
| **审查意见** |  | | | | | | | | | | | | | | | | | | | | | | | | |
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