附件3：

**长沙市医疗保障事务中心招聘普通雇员**

**报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** |  | | **身高** | |  | | **政治**  **面貌** |  | **一寸免冠照片** |
| **出生**  **年月** |  | **民族** |  | | **文化**  **程度** | |  | | **婚育**  **状况** |  |
| **毕业**  **院校** |  | | | | **所学**  **专业** | |  | | | |
| **毕业**  **时间** |  | | | | **通讯**  **地址** | |  | | | | |
| **邮箱** |  | | | | **联系**  **电话** | |  | | | | |
| **身份**  **证号** |  | | | | | | | | | | |
| **文体**  **特长** |  | | | | | | | | | | |
| **获奖**  **经历** |  | | | | | | | | | | |
| **学习及工作经历** |  | | | | | | | | | | |
| **主要家庭成员及重要社会关系** | **称谓** | **姓名** | | **出生 年月** | | **政治面貌** | | **工作单位及职务** | | | |
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| **本人保证以上所填信息均真实、完整、准确，如有虚报或故意隐瞒，责任自负。**  **本人签名： 日期：** | | | | | | | | | | | |