慈溪市医疗保障局所属事业单位编外

工作人员招聘报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | |  | | 身份证号码 |  | | | | | | | 近期免冠  一寸彩照 |
| 户籍 | | |  | | 民族 |  | 性别 |  | | 政治  面貌 |  | |
| 健康  状况 | | |  | | | | 报名岗位 | |  | | | | |
| 联系  地址 | | |  | | | | | | 联系电话 | | |  | |
| E-mail | | |  | | | | | | 邮 编 | | |  | |
| 学历及毕业院校 | | | |  | | | | | 所学专业 | | |  | |
| 原社保医保相关工作单位及从事岗位 | | | |  | | | | | | | | | |
| 个  人  简  历 | |  | | | | | | | | | | | |
| **本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。**  **申请人（签名）：年月日** | | | | | | | | | | | | | |
| 审核意见 | 年月日 | | | | | | | | | | | | |