附件：

嘉善县急救站公开招聘合同制工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | | | | | 性别 | |  | | 出生年月 | |  | 照片 |
| 民族 | |  | | | | | | | 籍贯 | |  | | 婚姻状况 | |  |
| 政治面貌 | |  | | | | | | | 入党时间 | |  | | 健康状况 | |  |
| 参加工作时间 | | | |  | | | | | | | 身份证号码 | | | |  | |
| 受教育最高程度  毕业学校及专业 | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | |
| 现工作单位及岗位 | | | | | | |  | | | | | | | | | |
| 报考单位及岗位 | | | | | | |  | | | | | | | | | |
| 工作简历 |  | | | | | | | | | | | | | | | |
| 联系方式 | 电话 | | | |  | | | | | | | 手机 | | |  | |
| 家庭主要成员 | | | 称谓 | | | | | 姓名 | | 出生年月 | | 政治面貌 | | 单位及职务 | | |
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| **报名岗位（必填）** | | | | | | 本人承诺，上述所填的内容均为真实、有效，无犯罪情况；若有虚假，自愿承担一切责任。  签名：  年 月 日 | | | | | | | | | | |