**三河市订单定向免费医学毕业生招聘报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | 性别 | | | |  | | | | 出生年月 | | | | | |  | | | | | | | 贴照片处 | |
| 籍贯 |  | | | | 民族 | | | |  | | | | 政治面貌 | | | | | |  | | | | | | |
| 身份证号码 | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  | |  |  |  |
| 户籍所在地 | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 现居住地址 | |  | | | | | | | | | | | | | | 联系电话 | | | | | | |  | | | |
| 原始学历（全日制） | |  | | | | | | | | | | | | | | 毕业时间 | | | | | | |  | | | |
| 毕业院校 | |  | | | | | | | | | | | | | | 所学专业 | | | | | | |  | | | |
| 最高学历 | |  | | | | | | | | | | | | | | 毕业时间 | | | | | | |  | | | |
| 毕业院校 | |  | | | | | | | | | | | | | | 所学专业 | | | | | | |  | | | |
| 执业资格 | |  | | | | | | | | | | | | | | 职称 | | | | | | |  | | | |
| 取得时间 | |  | | | | | | | | | | | | | | 执业地点 | | | | | | |  | | | |
| 学习简历  （从高中填起） | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作简历 | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 诚信承诺书  本人已阅读并理解本次考试的《招聘公告》，完全了解并符合所报考岗位的条件要求。报名所提交的所有信息资料准确、真实、有效，不弄虚作假。如有违反，自愿承担相应的责任和由此造成的一切后果。  本人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |