附件3

2022年苏州市相城区引进高层次卫生人才

报名登记表

应聘单位**：** 应聘岗位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | | | | **性别** | | |  | | | **出生年月** | | | | |  | | | | | | | **贴照片处** | | | |
| **户籍地** | | | | | |  | | | | | | **政治面貌** | | | | |  | | | | | | |
| **参加工作时间** | | | | | |  | | | | | | **是否具有行政事业编制** | | | | |  | | | | | | |
| **现工作单位** | | | | | |  | | | | | | **工作职务** | | | | |  | | | | | | |
| **学历** |  | | | | | **学位** | | |  | | | | **专业** | | | |  | | | | | | |
| **职称** |  | | | | | | | | **职称名称** | | | |  | | | | | | | **获取职称时间** | | | | |  | | |
| **身份**  **证号** |  | |  | |  | |  |  |  |  |  | | |  |  |  | | |  | |  | |  |  |  |  |  |
| **通信**  **地址** |  | | | | | | | | | | | | | | **邮政**  **编码** | | |  | | | | | | | | | |
| **联系电话** | | | |  | | | | | **手机号码** | | | | | |  | | | | | | | | | | | | |
| **应聘单位名称** | |  | | | | | | | | | | | | | | | | **单位**  **代码** | | | |  | | | | | |
| **应聘岗位名称** | |  | | | | | | | | | | | | | | | | **岗位**  **代码** | | | |  | | | | | |
| **主要学习经历** | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **主要工作经历** | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **获取荣誉称号情况** | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **主要科研成果（包括课题、论文、论著发表）** | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **家庭**  **主要**  **成员** | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **报名者承诺：以上填报信息完全符合事实，无故意隐瞒、虚假申报或重复报名等行为；所提供的应聘材料和证书（件）均为真实有效；与应聘单位领导人员不存在须回避的关系。如有不实，一切后果由报名者自负。**  **报名者签名：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **应聘单位初审意见：**   **签名（盖章）：**   **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | |