附件2：

太仓市中医医院劳务派遣人员招聘报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 身份证号码 | | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  | |  | |
| 性别 |  | 户 籍 | | | |  | | | | | | | 学历 | | | | | | | |  | | | | | | | | | 1 寸 照 片 | |
| 所学专业 |  | | | | 毕业时间 | | | |  | | | | | | | | 政治面貌 | | | | | | |  | | | | | |
| 毕业院校 |  | | | | | | | | | | | | | | | | 应聘职位 | | | | | | |  | | | | | |
| 家庭住址 | | |  | | | | | | | | | | | | | | 联系电话 | | | | | | |  | | | | | | | |
| 工作经历（实习） |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 教育  背景 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 获 奖 情 况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 真实性  承诺 | 本人承诺：所填写的内容真实可靠，所提供的证书、证明等材料真实有效。如有不实，取消录用资格。  签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |