附件：

**经开区龙山街道社区卫生服务中心招聘卫生专业技术人员报名资格审查表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **应聘岗位**： | | | | | | | | | | | | | | | | | | | | | | |  |
| 姓名 |  | | 性别 | |  | | | | 出生年月 | | | |  | | | | 政治  面貌 | | |  | | |
| 身份  证号 |  | | | | | 健康  状况 | | | |  | | | 婚否 | |  | 户 口  所在地 | | |  | | | |
| 学历 | |  | | | 毕业院校 | | | | | | | | |  | | | | | | | | |
| 毕业时间 | |  | | | 专业 | | |  | | | | | | | | | | 学位 | | |  | |
| 获得何种资格证书、执业证书、职称证书 | |  | | | | | | | | | | | | | | | | | | | | | |
| 电 话 | |  | | | 电子邮件 | | | | | |  | | | | | | | 家庭地址 | | | |  | |
| 工作  简历 | |  | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员 | | 称谓 | | 姓 名 | | | 年龄 | | | | | 工作（学习）单位、学历、职称、职务 | | | | | | | | | | | |
|  | |  | | |  | | | | |  | | | | | | | | | | | |
|  | |  | | |  | | | | |  | | | | | | | | | | | |
| 诚信承诺 | | 本人承诺以上所填写的情况和提供材料、证件均真实、有效，若有虚假，责任自负。  报考人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | |
| 审核意见 | |  | | | | | | | | | | | | | | | | | | | | | |

注：①家庭主要成员主要包括配偶、子女

②报考者应确保所填内容真实无误，如有虚假，一经查实，取消报考资格。