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| 附件2：     河口区人民医院公开招聘劳务派遣人员报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 性别 |  | 出生年月 |  | 照片 |  |  |  |  |  |
| 民族 |  | 政治面貌 |  | 学历 |  |  |  |  |  |  |
| 毕业院校及专业 |  | 毕业时间 |  |  |  |  |  |  |
| 身份证号码 |  | 联系电话 |  |  |  |  |  |  |
| 现家庭住址 |  |  |  |  |  |  |
| 参加工作时间 |  | 现工作单位 |  |  |  |  |  |  |
| 资格证件名称 |  |  |  |  |  |  |
| 学习工作简历 |  |  |  |  |  |  |
| 家庭主要成员基本情 况 |  |  |  |  |  |  |
| 报考人诚信承诺 | 我已经仔细阅读2023年河口区人民医院公开招聘劳务派遣人员简章，理解其内容，符合报考条件。我郑重承诺：本人所提供的个人信息、证明材料和相关证件真实、准确，并自觉做到诚实守信，严守纪律，认真履行报考人员的义务，对因提供有关信息证件不实或违反有关纪律规定所造成的后果，本人自愿承担相应的责任。报考人签字:   年   月   日 |  |  |  |  |  |
| 审核意见 |   审核人签字:    年   月   日 |  |  |  |  |  |
| 备注 |  |  |  |  |  |  |

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