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| **盐源县卫生健康局公开招聘就业困难人员从事社会公共服务类公益性岗位报名信息表** | | | | | | | | | |
| **姓名** |  | **性别** |  | | **出生年月（年龄）** | |  | | **照片** |
| **民族** |  | **籍贯** |  | | **婚姻状况** | |  | |
| **政治面貌** |  | **健康状况** |  | | **学历** | |  | |
| **学位** |  | **所学专业** |  | | | | | |
| **毕业院校** |  | | | | | **毕业时间** | |  | |
| **报考岗位** |  | | | | | **是否愿意调配岗位** | |  | |
| **身份证号** |  | | | | | **联系电话** | |  | |
| **家庭住址** |  | | | | | | | | |
| **个人简历** |  | | | | | | | | |
| **主要社会关系** |  | | | | | | | | |
| **审核意见** | **审查人：** | | | **考生诚信申明** | | **本人确认以上所填写信息真实、准确，如有虚假取消聘用资格，责任自负。** | | | |
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|  | | | **考生承诺签名（手写）：** | | | |
| **年 月 日** | | | **年 月 日** | | | |