**附件2：**

绍兴市上虞区医疗卫生单位院校招聘报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | 身份证号 | | |  |  |  |  |  |  | |  | |  | |  |  |  |  | |  | |  |  |  |  |  |
| 性别 |  | | | 学历 | |  | | 毕业时间 | | | |  | | | | | 政治  面貌 | | | |  | | | 贴  一  寸  近  照 | | | | | | | |
| 现就读高校、专业 | | | | | |  | | | | | | | | | | | | | | | | | |
| 本科就读高校、专业 | | | | | |  | | | | | | | | | | | | | | | | | |
| 资格证名称 | | | | | |  | | | | 执业注册专业 | | | | | | | | |  | | | | |
| 户籍 | 省地（市）县（市、区） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 参加某个院校招聘 | | | | | | | | 浙江中医药大学校园招聘 | | | | | | | | | | | | | | | | | | | | | | | |
| 报考单位 | | |  | | | | 报考岗位及编号 | | | | | | | |  | | | | | | | | | | | 只能选择  一个岗位 | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 赋分项  （赋分项需附相关证书及资料） | | | 1. | | | | | | | | | | | | | | | | | | | 赋分分值： | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | 赋分分值： | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | 赋分分值： | | | | | | | | | |
| 考生确认签名： 审核人签名： | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 计算机等级 | | |  | | | | | 英语水平等级 | | | | | |  | | | | | | | | | | | | | | | | | |
| 家庭所在  地址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人联系  电话 | | |  | | | | | 其他联系人  及电话 | | | | | |  | | | | | | | | | | | | | | | | | |
| 个人简历或在校奖惩情况 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 承  诺  书 | | 对公告内容、招考要求已知晓，本人承诺以上所填内容均真实。如有不实之处，一经查实，作自动淘汰处理，直至取消聘用资格。  签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查  意见 | | | | | 签名：  2023年3月11日 | | | | | | | | | | | | | | | | | | | | | | | | | | |

2023届毕业生须提供身份证、就业协议书、就业推荐表、成绩单、赋分材料及其他报考职位所需的证件（证明）原件及复印件。研究生学历毕业生须提供毕业证书、就业协议书、执（专）业资格证书（或成绩单）和全日制普通高校本科学历、学位证书原件及复印件。