杭州市拱墅区卫生监督所公开选调工作人员报名表

报考单位及岗位：                                 报名序号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 | |  | 身份证号 | |  |  |  |  | |  |  | |  | |  |  | |  |  |  | |  |  |  |  | |  |  | 近期一寸  免冠照片 |
| 出 生  年 月 | |  | 性别 | |  | | 民族 | | |  | | | 政治  面貌 | | | |  | | | | | 健康状况 | | |  | | | |
| 户 口  所在地 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学历  学位 | | 全日制  教育 | |  | | | | | 毕业院校及专业 | | | | | | | | | | | |  | | | | | | | | |
| 在职教育 | |  | | | | | 毕业院校及专业 | | | | | | | | | | | |  | | | | | | | | |
| 现工作单 位 | |  | | | | | | | 参加工作时间 | | | | |  | | | | | | | 职务职称 | | | | |  | | | |
| 是否  公务员身份 | |  | | | | | | | 联系电话 | | | | | | | | | | | |  | | | | | | | | |
| 学习  和  工作  简历 | | （注：要求从高中毕业后开始填写，学习期间注明院校、系和专业） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。**  **申请人（签名）：                            年   月   日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 编制所在单位意见 | （盖章）      年  月 日 | | | | | | | | 身  份  证  复  印  件  粘  贴  处 | | | （正反面都要贴） | | | | | | | | | | | | | | | | | |
| 拱墅区卫生监督所意见 | （盖章）    年  月  日 | | | | | | | | 拱墅区卫生计生局意见 | | | （盖章）                          年  月  日 | | | | | | | | | | | | | | | | | |
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注：“报名序号”由招聘单位工作人员现场填写。