**德清县卫计系统公开选调局医改办工作人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | | | | | | 出生年月 | | | | | | | |  | | | | | | | | | 性别 | | |  | | | 贴照片处 |
| 身份证号 |  |  |  | |  |  | | | |  | |  |  |  | |  |  |  | |  | |  |  | |  | |  | |  | 民族 | |  | |
| 政治面貌 |  | | | | | | | | 学历 | | | | | |  | | | | | | 学位 | | | | |  | | | | | | | |
| 毕业学校及所学专业 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 毕业时间 | | | | | | |  | | | | | | | | | | | | | | | | | 参加工作时间 | | | | | | | | |  | |
| 现工作单位 | | | | | | |  | | | | | | | | | | | | | | | 现从事专业 | | | | | | | | | | |  | |
| 专业技术职称 | | | | | | | |  | | | | | | | | | | | | | | 联系电话 | | | | | | | | | | |  | |
| 工作经历 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 何时何地受过何种奖励处罚 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 近三年度考核情况 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |