**附件3**

2022年上海市奉贤区卫生健康系统

下半年公开招聘事业单位编外医技人员报名登记表

报考单位： 报考岗位： 序号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | | | | 性别 | | |  | | 出生年月 | | | | | |  | | 身份证号 | | | | |  | | | | |
| 政治面貌 | |  | | | | | | | | 入党（入团）  时间 | | | | | | | |  | | 户籍 | | | | |  | 婚姻 | | |  |
| 参加工作  时间 | |  | | | | | | 现工作单位 | | | | | |  | | | | | | 民族 | | | | |  | | | | |
| 家庭住址 | |  | | | | | | | | | | | | | | | | | | 联系电话 | | | | |  | | | | |
| 学 历 情 况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 学历 | | | | | 专业 | | 毕业学校 | | | | | 毕业时间 | | | 证号 | | | | 全日制 | | | | 非全日制 | | |
| 第一学历  （首次工作时学历） | | | |  | | | | |  | |  | | | | |  | | |  | | | |  | | | |  | | |
| 在职学历 | | | |  | | | | |  | |  | | | | |  | | |  | | | |  | | | |  | | |
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| 职 称 情 况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 职称等级 | | | 发证单位 | | | | | | | | | | 取得年月 | | | | | | 聘任单位 | | | | | 聘任年月 | | | | | | |
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| 工 作 简 历 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年月日—年月日 | | | | | 工作单位 | | | | | | | | | | 聘用岗位 | | | | | 行政职务 | | 考核和荣誉情况 | | | | | | 备注 | |
|  | | | | |  | | | | | | | | | |  | | | | |  | |  | | | | | |  | |
| 个人档案情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 档案保管单位 | | | | | | 详细地址 | | | | | | | | | | | 联系人 | | | | 联系电话 | | | | | | | | |
|  | | | | | |  | | | | | | | | | | |  | | | |  | | | | | | | | |
| 其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

本人签字： 填表日期：

注：本表格请书写端正、据实填写。凡不符合报名条件及弄虚作假者，一切责任自负。