附件1：

枣庄市峄城区人民医院面向2024年毕业生

公开招聘急需紧缺人才报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **姓 名** | |  | | | | **性别** | | |  | | **出生年月** | | | |  | | 照片 |
| **学历** | | |  | | | **毕业院校**  **及专业** | | | | |  | | | | | |
| **身份证号** | | |  | | | | | | | | **手机号码** | |  | | | |
| **家庭住址** | | |  | | | | | | | | | | | | | |
| **籍贯** | | | | |  | | | | | | **政治面貌** | | |  | | |
| **学习简历** | **毕业学校** | | | | | | | **专业** | | | | **学历** | | | | **学位** | **毕业时间** |
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| **家庭及社会关系** | **称谓** | | | **姓 名** | | | **出生年月** | | | **工作单位及职务** | | | | | | | |
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| **报名岗位** |  | | | | | | | | | | | | | | | | |
| **个人承诺** | 本人对招聘公告已经完全了解，此《报名表》中所填信息及本人所提供的报名资料均真实、准确、完整、有效。如有弄虚作假，招聘单位有权取消本人应聘资格，并追究相关责任。  承诺人（签名）：  年 月 日 | | | | | | | | | | | | | | | | |

注：1.报名人员须填写有效通讯信息并保持电话畅通，因通讯不畅影响考试的，由本人承担责任。

2.报考人手写签名。