附件：

贵州警察学院2023年公开招聘医务人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | |  | | | | | **性别** | |  | | **民族** | | | |  | | | | **出生日期** | | |  | | | **照**  **片** | | | | |
| **政治面貌** | |  | | **入党时间** | | |  | | | | **籍贯** | | | |  | | | | **毕业时间** | | |  | | |
| **学历** | |  | | | | | | | | | **学位** | | | |  | | | | | | | | | |
| **户籍**  **所在地** | | |  | | | | | | | | | | | | | | | | | | | | | |
| **毕业院校** | | |  | | | | | | | | | | | | | **所学专业** | | | | | | |  | | | | | | |
| **原工作**  **单位** | | |  | | | | | | | | | | | | | **职务（职称）** | | | | | | |  | | | | | | |
| **身份证号** | | |  | |  |  | |  |  |  | | |  |  | |  | |  | |  |  | |  |  | |  |  |  |  |
| **联系电话** | | |  | | | | | | | | | **备用电话** | | | | | | |  | | | | | | | | | | |
| **学习、工作简历** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **报名信息确认** | **本人承诺以上填写信息真实，若有虚报、遗漏、错误，责任自负。**  **考生签名：**  **2023年 月 日** | | | | | | | | | | | | | | | | **审核**  **意见** | | **审核人签字：**  **2023年 月 日** | | | | | | | | | | |