**儋州市人民医院考核招聘人员登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 | |  | | | 出生年月 | | | | | |  | | | | | 相片 |
| 政治  面貌 |  | | | 民族 | |  | | | 籍贯 | |  | | | | 健康状况 | | | |  |
| 毕业院校及时间 | | | |  | | | | | | | | | | | 婚否 | | | |  |
| 学历学位 | | | |  | | | | | | | | | 所学专业 | | | | | |  | |
| 现户口所在地 | | | |  | | | | | | 身份证号码 | | | | | |  | | | | |
| 原工作单位 | | | |  | | | | | | | | | 职务或职称 | | | | | |  | |
| 现进入单位 | | | |  | | | | | | | | | 单位性质 | | | | | |  | |
| 拟聘用单位种类 | | | |  | | | | | | | | | | | | | | | | |
| 家庭详  细地址 | | |  | | | | | | | | | | 联系方式 | | | | | 电话（宅）：  手机： | | |
| 本人主要简历 | | 何年何月 | | | | | 到何年何月 | | | | | | | 在何学校、何单位工作 | | | | | | |
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| 家庭主要成员情况 | | 姓名 | | | 称呼 | | | 年龄 | | | | 政治面貌 | | | | | 现工作单位及职务 | | | |
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| 笔试 成绩 | | 科目 | | |  | | | | | | | | | | | | | | | |
| 成绩 | | |  | | | | | | | | | | | | | | | |
| 面试  情况 | |  | | | | | | | | | | | | | | | | | | |
| 考核  情况 | |  | | | | | | | | | | | | | | | | | | |
| 体检情况 | | | | |  | | | | | | | | | | | | | | | |
| 公示情况 | | | | |  | | | | | | | | | | | | | | | |
| 聘用岗位 | | | | |  | | | | | | | | | | | | | | | |
| 用人  单位  意见 | | （盖 章）  年 月 日 | | | | | | | | | | | | | | | | | | |
| 备注 | |  | | | | | | | | | | | | | | | | | | |

注：本表双面打印一式两份。一份用人单位存，一份存入本人