**附件4**

**衡东县2019年公开招聘卫健系统专业技术人员报名表**

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| 姓名 |  | | | | | 性别 | | |  | | | 身份证号码 | | | | |  | | | | | | | | | |  | | |
| 民族 |  | | | | 籍贯 | |  | | | | 政治面貌 | | | | |  | | | 婚姻状况 | | | |  | | | | 照片 | | |
| 家庭住址 | |  | | | | | | | | | | | | | | 联系电话 | | | | | |  | | | | |
| 毕业学校 | |  | | | | | | | | | | | | | 学历 | | |  | | | 所学专业 | | |  | | |  | | |
| 毕业时间 | |  | | | | | | | | 毕业证编码 | | | | | | | |  | | | | | | | | |  | | |
| 报考单位 | |  | | | | | | | | | | | 报考岗位 | | | | | | |  | | | | | 岗位代码 | | |  | |
| 职称、执（职）业资格 | | | | | | | |  | | | | | | | | 职称、执（职）业资格取得时间 | | | | | | | | | |  | | | |
| 个人学习、工作简历 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要家庭成员 | 称谓 | | | 姓名 | | | | | | 性别 | | | | 出生年月 | | | | | | | 工作单位及职务 | | | | | | | | 备注 |
|  | | |  | | | | | |  | | | |  | | | | | | |  | | | | | | | |  |
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| 诚信考试承诺书 | 我已仔细阅读衡东县2019年公开招聘卫健系统专业技术人员招聘公告及招聘岗位条件表，清楚并理解其内容。在此我郑重承诺：   1. 自觉遵守本次公开招聘考试工作的相关规定。遵守考试纪律，服从考试安排，不舞弊或协助他人舞弊。 2. 真实、准确地提供本人证明资料、证件等相关材料；同时准确填写及核对有效的联系电话，并保证在考试及录用期间通讯畅通。 3. 不弄虚作假。不伪造、不使用假证明、假照片、假证书。   4、保证符合公告及岗位计划中要求的年龄、学历、资格等各项条件。  对违反以上承诺所造成的后果，本人愿意承担相应责任。  承诺人签名:  2019年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

备注:报名表请用电子打印不能手写（签名除外）。