附件1：

**安吉县卫计系统下属事业单位2018年择优签约聘用报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | **性别** | |  | | **出生**  **年月** | | |  | 贴照片 |
| **籍贯** |  | | **民族** | |  | | **入党**  **时间** | | |  |
| **学历**  **学位** |  | | | | | | **健康**  **状况** | | |  |
| **毕业院校 及专业** |  | | | | | | | | | |
| **外 语**  **水 平** |  | | | **计算机水 平** | |  | | | **身份证**  **号 码** |  | |
| **联系方式** | **电子邮箱** | | |  | | | | | | | |
| **手机** | | |  | | | | | | | |
| **应聘单位** |  | | | | | | | **应聘岗位** | |  | |
| **主要 学术成果** |  | | | | | | | | | | |
| **个**  **人**  **简**  **历** |  | | | | | | | | | | |
| **奖惩**  **情况** |  | | | | | | | | | | |
| **高校详细通讯地址、**  **招生就业部门联系方式、联系人** | |  | | | | | | | | | |