**广州医科大学附属第五医院公开招聘考试考生登记表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | | **性别** |  | **民族** | | |  | | | | **籍贯** | |  | 相片 | |
| **身份证号** | |  | | | **出生年月** | | | |  | | | | **婚姻**  **状况** | |  |
| **户籍所在地** | |  | | | **政治面貌** | | | |  | | | | **外语**  **水平** | |  |
| **具备职称** | |  | | | **学 历** | | | |  | | | | **学位** | |  |
| **毕业院校** | |  | | | **所学专业** | | | |  | | | | | | |
| **考生类别** | | □ 社会人员  □ 应届毕业生 | | | **裸眼视力** | | | **左眼** | |  | | | **右眼** | |  | **身高** |  |
| **首次参加**  **工作时间** | |  | | | **矫正视力** | | | **左眼** | |  | | | **右眼** | |  | **体重** |  |
| **联系方式** | | 手机： | | | | | **联系地址** | | | |  | | | | | | |
| E-mail： | | | | |
| **现工作单位** | |  | | | | | | | | | | | | | | | |
| **工作单位地址** | |  | | | | | | | **现工作单位**  **担任职务** | | |  | | | | | |
| **分配志愿** | | | | | □ 服从 / □ 不服从 分配 | | | | | | | | | | | | |
| **个人**  **简历**  **(从高中阶段起**) |  | | | | | | | | | | | | | | | | |
| **本人**  **特长**  **及业绩** |  | | | | | | | | | | | **奖惩**  **情况** | |  | | | |
| 考生承诺 | | | 本人已详细阅读了招考公告、职位相关要求和填表说明，确信符合报考条件及职位要求。本人保证填报资料真实准确，如因个人填报信息失实或不符合报考条件和职位要求而被取消考录资格的,由本人负责。 | | | | | | | | | | | | | | |
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| 考生亲笔签名： 年 月 日 | | | | | | | | | | | | | | |
| 说明:此表填写一份，报考者必须如实填写；经本人核对无误后交报名受理人员审核。 | | | | | | | | | | | | | | | | | |