2022年乌鲁木齐市基层医疗卫生机构面向社会

公开招聘工作人员资格审查表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | 性别 | | | |  | | | 族别 | | | | | |  | | | 政治面貌 | | | |  | | | | | | | 照片 | | | | | | | |
| 招聘  单位 |  | | 主管  单位 | | | |  | | | | | | | | | | 户籍  所在地 | | | | | |  | | | | | | |
| 岗位  名称 |  | | 岗位  代码 | | | |  | | | | | | | | | | 岗位  类别 | | | | | |  | | | | | | |
| 出生年月 |  | 身份  证号 |  |  |  |  | |  |  |  | | |  |  |  | |  |  | |  |  |  | |  | |  | |  | |
| 毕业院校 |  | | 专业 | | | |  | | | | | | | | | | | 学历 | | | | |  | | | | | | | 毕业时间 | | | |  | | | |
| 何时参  加工作 |  | | 现单位名称 | | | |  | | | | | | | | | | | | | | | | 职称 | | | | | | |  | | | | | | | |
| 家庭详  细地址 |  | | | | | | 邮编 | | | |  | | | | | | | 本人  手机 | | | | |  | |  | |  | |  | |  |  |  |  |  |  |  |
| 笔试成绩 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 笔试成绩  （原始） |  | 笔试  加分 |  | | | | 加分  原因 | | | | |  | | | | | | 最终  成绩 | | | | |  | | | | | | | 名次 | | | |  | | | |
| 简  历  （从初中开始填写） |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩  情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 招聘  单位  主管  部门  审查  意见 | 审核人\_\_\_\_\_\_\_\_\_\_\_\_\_ 审核单位（盖章）：  审核时间： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：1、考生所填情况应真实有效。

2、简历应从初中开始填写，并与个人档案记载一致。

3、本表一式两份，招聘单位一份，市人社局一份。

考生签字：