**附件1**

广州市增城区石滩镇三江卫生院招聘一体化管理村卫生站乡村医生报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 | |  | | | 出生年月 | | |  | | 相片 |
| 籍贯 |  | | 户籍 | |  | | | 政治面貌 | | |  | |
| 学历 |  | | 毕业院校  及专业 | | | |  | | | | | |
| 专业技术资格及取得时间 | | | | | |  | | | | | | | |
| 现居住住址 | |  | | | | | | | | | | | |
| 现工作单位 | |  | | | | | | | | 联系电话 | |  | |
| 招考岗位编号 | |  | | | | | | | | 报考岗位名称 | |  | |
| 有无违反计划生育政策 | |  | | 有无犯  罪记录 | | |  | | 有何  特长 | |  | | |
| 工  作  经  历 |  | | | | | | | | | | | | |
| 备  注 |  | | | | | | | | | | | | |

注：经审查与填写材料不符的，取消录用资格。