附件3：

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 | |  | | | | 出生年月 | |  | | | | 照 片 | |
| 籍贯 |  | | 民族 | |  | | | | 政治面貌 | |  | | | |
| 学历 |  | | 身份证号 | | | |  | | | | | | | |
| 何校  何专业毕业 |  | | | | | | | | | | | | | | | |
| 户籍所在地 | 省 （区、县） | | | | | 家庭详细地址 | | | |  | | | | | | |
| 个人联系电话 |  | | | 电子邮箱 | | | |  | | | | | QQ号 | | |  |
| **教育经历（从小学填起）** | | | | | | | | | | | | | | | | |
| 起至年月 | | 所在学校名称 | | | | | | | | | | 学习专业、毕（肄）业 | | | | |
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| **报考岗位**  （按照本次招聘岗位需求信息统计表填写，只能填写1项） | |  | | | | | | | | | | 自愿在招聘单位工作6周年 | | □是    □否 | | |
| **以上信息经本人确认无误。**  本人签名： 年 月 日 | | | | | | | | | | | | | | | | |

广元市昭化区考核招聘2019年贫困地区定向医学专科生报名登记表