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| 附件1： **代县人民医院2015年公开招聘工作人员简章**  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 主管部门 | 招聘单位 | 单位性质 | 招聘岗位 | 岗位代码 | 专业要求 | 学历及证书要求 | 招聘数量 | 备  注 | | 代县卫生和计划生育局 | 代县人民医院 | 差额事业单位 | 临床医师 | 01 | 临床医学、妇产科学、儿科学、麻醉学 | 普通全日制专科及以上学历 | 18 |  | | 02 | 临床医学、妇产科学、儿科学、麻醉学 | 普通全日制专科及以上学历 | 2 | 服务基层项目专门岗位 |   代县人民医院2015年公开招聘工作人员报名表  岗位报名序号：   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 姓　名 |  | 性别 |  | 出生年月 | |  | | 贴  照  片 | | 政治面貌 |  | 民族 |  | 婚姻状况 | |  | | | 籍贯 |  |  |  | | | | | | 身份证号码 |  | | | | | | | | 户口所在地 | 省        市        县        乡（镇） | | | | | | | | 通讯地址 |  | | | | | | | | 毕业院校 |  | | | 所学专业 | | |  | | | 学历 |  | | | 学位 | | |  | | | 毕业证书编号 |  | | | 毕业时间 | | |  | | | 是否委培毕业生 |  | | | 是否定向毕业生 | | |  | | | 专业技术资格 |  | | | 执业资格 | | |  | | | 工作单位 |  | | | 参加工作时间 | | |  | | | 家庭住址 |  | | | 联系电话 | | | 宅电：  手机： | | | 报考单位（类别） |  | | | 报考岗位  （学科） | | |  | | | 学习工作简历  （从初中填起，时间必须连续） |  | | | | | | | | | 用人主管部门（单位）审查意见：  审查人签名： |  | | | | 人社部门复审意见：    审查人签名： | |  | | | 备注 | 报考定向招聘岗位的此项必须填写：“xx年xx月在xx单位三支一扶”、“xx年xx月选聘到xx村任职的高校毕业生”、“xx年xx月在xx单位参加大学生志愿服务西部计划的毕业生”，“xx年xx月在xx部队服役”， | | | | | | | |   注：1、本表（请删除红字内容后）与诚信承诺书正反面打印到一张A4纸上，一式两份贴好照片，现场报名时交工作人员审核。  2、岗位报名序号、审核人签字考生不需要填写，报考单位、报考学科（岗位）根据简章附件《招聘岗位汇总表》中的招聘单位、招聘学科（岗位）填写。        考生签名 ：  诚信承诺书   我已仔细阅读了《代县人民医院2015年事业单位公开招聘工作人员简章》，理解其内容。  我郑重承诺：本人所提供的个人信息、照片、证明资料和有关证件真实、准确、有效，符合报考条件，与报考岗位不存在回避关系。遵守考场纪律和考场规则，诚实考试，自觉接受招聘单位、主管部门和人社部门的资格审查，对因提供有关信息、证件不实或违反考试纪律规定所造成的后果，本人自愿承担相应责任并接受相应处罚。在简章规定期限内，本人如不能提供报名条件要求的证件和证明材料，自愿放弃聘用资格。      考生身份证号：                                      考生签名：                                     年   月  　日 |
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