附件1：2022年文成县公开招聘检验专业工作人员报名表

报名序号（工作人员填写）：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | 身份证号 | |  | |  | |  |  | |  | |  |  |  | |  |  |  |  |  | |  |  |  | |  |  | 照  片 |
| 性 别 |  | 出生  年月 | | |  | | | | | | | 政治  面貌 | | | | |  | | | | | | | | | | | | | |
| 民族 |  | 籍贯 | | |  | | | | | | | 是否  已婚 | | | | |  | | | | | | | | | | | | | |
| 现户口所在地 |  | | 家庭详细通讯地址 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 执业资格 |  | | | | | | | | | | | | | | | | | 联系方式 | | | | | | 电话 | | | |  | | | |
| 手机 | | | |  | | | |
| 全日制普通院校学历 |  | 学制 | | 年 | | | 毕业院校及所学专业 | | | | | | |  | | | | | | | | | | 毕业时间 | | | |  | | | |
| 简  历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩  情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人承诺：上述填写报名信息及提供材料真实完整。若有弄虚作假，愿意承担一切责任。  （签名）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审核意见 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：本表由报考人员如实填写。                  填表时间：    年    月     日

附件2：2022年文成县医疗卫生事业单位面向全国公开招聘检验专业工作人员职位表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 招聘职位 | 需求人数 | 经费形式 | 专业要求 | 学历（学位）要求 | 户籍(生源) | 备注 |
| 检验技术人员（各乡镇卫生院） | 10 | 全额 | 医学检验，医学检验技术，卫生检验与检疫技术 | 全日制普通高等学校专科及以上 | 不限 |  |