附件

四川省卫生健康委员会直属事业单位

考核招聘工作人员登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓　名** | | |  | | | **性别** | |  | | | | **出生**  **年月** | |  | | 2寸近期  免冠证件彩色照片 | | |
| **所学专业** | | |  | | | **学历** | |  | | | | **学位** | |  | |
| **职称**  **技术等级** | | |  | | | **职务** | |  | | | | **入党**  **时间** | |  | |
| **毕业院校** | | |  | | | **出生地** | |  | | | | | | | |
| **招聘方式** | | |  | | | **报考**  **单位** | |  | | | | | | **拟聘岗位** | | 心身医学医师 | | |
| **原工作单位** | | |  | | | | | | | | | | | **原主管部门** | |  | | |
| **原单位性质**  **及经费渠道** | | |  | | | | | | | | | | | **个人人事档案管理机构** | |  | | |
| **本人详细**  **住址及邮编** | | |  | | | | | | | | | | | **联系电话** | |  | | |
| **电子信箱** | |  | | |
| **身份证号码** | | |  | | | | | **本人现户口**  **登记机关** | | | | | |  | | | | |
| **本人主要学习工作简历** |  | | | | | | | | | | | | | | | | | |
| **奖惩情况** |  | | | | | | | | | | | | | | | | | |
| **家庭主要成员** | **姓名** | | | **性别** | **与本人关系** | | | | **出生年月** | | | | **政治面貌** | | **现工作单位及职务、职称（或详细家庭地址）** | | | |
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| **考核考察情况** |  | | | | | | | | | | | | | | | | | |
| **公共科目**  **笔试成绩** | | **专业科目笔试成绩** | | **公共专业笔试**  **折算比例** | | | **笔　试**  **总成绩** | | |  | | **笔试总成绩排名** | | **面试**  **总成绩** | **笔面试成绩**  **折算比例** | | **考　试**  **总成绩** | **拟聘岗位排名名次** |
| **其中：**  **加分** | |
|  | |  | |  | | |  | | |  | |  | |  |  | |  |  |
| **体检结论** | |  | | | | | | | | | | | | | | | | |
| **用人单位意见（章）：**  **拟同意招聘，报请省卫健委审核**  **确认。**  （盖章）  **年　　月　　日** | | | | | | | | | | | **主管部门审核意见（章）：**  **根据 川 〔 〕 号文予以**  **确认。**  （盖章）  **年　　月　　日** | | | | | | | |
| **备注：** | | | | | | | | | | | | | | | | | | |

**注：本表请双面打印。**