附件2

福泉市中医医院公开招聘合同制工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | 性别 | |  | | 出生  年月 |  | | | 年龄 |  | 相片 | |
| 民 族 |  | | 身高 | |  | | | 政治面貌 | | |  | |
| 身份证号 |  | | | | | | | | | | | |
| 现居住详细地址 |  | | | | | | | | | 邮编 | |  |
| 邮 箱 |  | | | | | | | 籍 贯 | | | |  | | |
| 移动电话 |  | | | | | | | 紧急联系人电话 | | | |  | | |
| 报考岗位 |  | | | | | | | 岗位代码 | | |  | | | |
| 全日制学历 |  | 毕业院校 | | | |  | | | | | | 专业 | |  |
| 非全日制学历 |  | 毕业院校 | | | |  | | | | | | 专业 | |  |
| 专业技术职务 |  | | | | | | | 取得时间 | | |  | | | |
| 学习经历（从高中起填） | | | | | | | | | | | | | | |
| 时间 | 学校 | | | 专业 | | | | | | | 担任职务 | | | |
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| 工作及实习经历 | | | | | | | | | | | | | | |
| 时间 | 单位 | | | | 职务 | | | | 证明人及电话 | | | | | |
|  |  | | | |  | | | |  | | | | | |
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| 个人声明：本人报名所提供的信息及证件材料完成属实，如有虚假，一经查实，自动取消聘用资格。  签名： 年 月 日 | | | | | | | | | | | | | | |