|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件2： 市一院驻市属公安监管中心招聘医师（第二批）报名表 | | | | | | | | | | | | | | | | |
| 姓　名 | |  | | 性　别 | |  | | | 民　族 | | |  | 政治面貌 |  | 一寸  免冠  照片 | |
| 出生年月 | |  | | 身份证号码 | |  | | | | | | | 籍　贯 |  |
| 学 历 | |  | | | 学 位 |  | | | | 现有专业技术职称 | | |  | |
| 毕业院校 | |  | | | | | | 专业 | | | |  | | |
| 英语等级 | |  | | | | | | 婚姻状况 | | | |  | | |
| 家庭地址 | |  | | | | | | | | | | 联系电话 | |  | | |
| QQ邮箱 | |  | | | | | | | | | | | 特长 |  | | |
| 学习简历(从小学起填写) | 起止时间 | | 毕业院校 | | | | | 专　　业 | | | | | 学　历 | 学　位 | | 教育形式  （全日制、成教、函授、自考等） |
|  | |  | | | | |  | | | | |  |  | |  |
|  | |  | | | | |  | | | | |  |  | |  |
|  | |  | | | | |  | | | | |  |  | |  |
|  | |  | | | | |  | | | | |  |  | |  |
|  | |  | | | | |  | | | | |  |  | |  |
| 工作（或实习）经历 |  | | | | | | | | | | | | | | | |
| 家庭主要成员 | 称　谓 | | 姓　名 | | | | 年　龄 | | | | 工　　作　　单　　位 | | | | | |
|  | |  | | | |  | | | |  | | | | | |
|  | |  | | | |  | | | |  | | | | | |
|  | |  | | | |  | | | |  | | | | | |

**填表人承诺以上信息真实有效，如有虚假信息则自动放弃考试资格。**

**填表人签名：**