附件2：

2020年博望区引进医疗卫生人才报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **招聘单位名称** | |  | | | | | | | | | | | | | | **招聘岗位名称** | | |  | | | | | | | | | |
| 姓 名 |  | | | | | | | 性别 | |  | | | | 民族 | |  | | | 政治面貌 | | | |  | | | 一寸免冠照片 | |
| 身份证  号 码 |  | | |  |  |  |  |  |  |  | |  |  | |  |  |  |  | |  | |  | |  |  |
| 户 籍  所在地 | 省（市） 县（市、区） | | | | | | | | | | | | | | | 婚姻状况 | | | | |  | | | | |
| 最高学历 |  | | | | | | | 学 位 | | |  | | | | | 专业技术职 称 | | | | |  | | | | |
| 毕业院校 |  | | | | | | | | | | | | | | | 所学专业 | | | | |  | | | | | 毕 业  时 间 |  |
| 现工作单位及岗位 |  | | | | | | | | | | | | | | | 单位性质 | | | | |  | | | | | 参加工作时间 |  |
| 家庭详细地 址 |  | | | | | | | | | | | | | | | 固定电话  （必填） | | | | |  | | | | | 手 机  （必填） |  |
| 奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人简历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人承诺：**本人符合报名条件要求，在报名表中填报的信息真实、准确、一致。所提供的学历证书等相关证件均真实有效。如有弄虚作假或填写错误，由本人承担一切后果，并自愿接受有关部门的处理。  本人签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格  审核  意见 | | | 审核人：  年 月 日  （盖章） | | | | | | | | | | | | | | | | | | | | | | | | |