**附件2：**

**武义县2021年公开招聘医疗卫生 事业单位工作人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | 身份  证号 |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |
| 性 别 |  | | | 户籍  所在地 |  | | | | | | 出生 年月 | | | |  | | | | | | | | | |
| 政治  面貌 |  | | | 学 历 |  | | | | | | 毕业 时间 | | | |  | | | | | | | | | |
| 毕业 学校 |  | | | | | | | | | | 专业 | | | |  | | | | | | | | | |
| 执业资格或岗位证书取得时间及名称 | | |  | | | | | | | | 报考岗位 | | | |  | | | | | | | | | |
| 现家庭住址 | |  | | | | | | | | | 联系电话 | | | |  | | | | | | | | | |
| 学 习  简 历  （高中起） | | 何年何月至何年何月在何学校何专业毕业 | | | | | | | | | | | | | 证明人 | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | |
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| 工 作  简 历 | |  | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | |
| 承诺栏 | | 本人符合本次招考规定的条件，所提供的资料和报名表填写的信息全部真实，若有虚假，后果自负。  承诺人签名： 年 月 日 | | | | | | | | | | | | | 电子照片 | | | | | | | | | |
| 卫健部门 审核意见 | | 审核人签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | |

注：此表承诺栏由考生本人手写签名。