附件2：

2016年全南县高校现场招聘医学专业技术人员

报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | | 性别 | | |  | | 出生年月 | | |  | | 贴相片处   （2寸彩照  免冠） |
| 籍贯 | |  | | | | 政治面貌 | | |  | | 婚否 | | |  | |
| 最高学历 | |  | | | | 所学专业 | | |  | | 学位 | | |  | |
| 毕业时间 | |  | | | 毕业院校 | | |  | | | | 报考单位、专业 | | |  | |
| 联系电话 | | | | | | |  | | | 身份证号码 | | |  | | | |
| 学习经历 | 经历 | | 起止年月 | | | | | | 院校名称 | | | | | | | 所学专业 (学制) |
| 专科 | |  | | | | | |  | | | | | | |  |
| 本科 | |  | | | | | |  | | | | | | |  |
| 临床经历及  实习培训经历 | 起止年月 | | 实习、工作、培训单位 | | | | | | | | | | | | | 岗位 |
|  | |  | | | | | | | | | | | | |  |
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| 获奖  情况 |  | | | | | | | | | | | | | | | |
| 是否服从岗位调剂 | | | |  | | | | | | | | | | | | |
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注：此表请以A4纸打印。表格不够填写的，可另附纸张说明。

报考人员只能报考一个岗位

声明：本人保证以上所填资料真实准确，如有违事实，愿意取消报名、聘用资格。

本人签名：   年    月    日