附件2：

温州市卫生健康委员会直属单位

公开招聘工作人员报名表

报考单位： 报考岗位： 报考专业：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | 身份  证号 |  |  |  | |  |  | |  | |  |  | |  |  | |  |  |  |  | |  |  |  |  | 一寸  彩照 | |
| 政治  面貌 | |  | 性别 |  | | | | | | 民族 | | | | |  | | | 户籍 | | | | |  | | | | |
| 学历 | |  | 学位 |  | | | | | | 职称 | | | | | | | |  | | | | | | | | | |
| 毕业院校 | |  | 毕业时间 |  | | | | | | 是否定向生；是否编内事业人员 | | | | | | | |  | | | | | | | | | | 英语  等级 |  |
| 联系  地址 | |  | | | | | | | | | | | | | | | | 移动电话 | | | | |  | | | | | | |
| 荣获奖励 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个  人  简  历 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人声明：上述填写内容真实准确。如有不实，本人愿承担取消招聘资格的责任。  申请人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报审考核单意位见 | （ 盖章）  年 月 日 | | | | | | 身  份  证  复  印  件  粘  贴  处 | | | | |  | | | | | | | | | | | | | | | | | |

注意：本表格一式一份，以上表格内容必须填写齐全。