附件2：

三门县医疗卫生单位公开招聘报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | | | | | 出生年月 | | | | |  | | | | | | | | | 2018年后免冠一寸彩照 |
| 性 别 |  | | | | | 民族 | | | |  | | | | | 政治面貌 | | | | |  | | | |
| 户籍所在地 |  | | | | | 学历 | | | |  | | | | | 健康状况 | | | | |  | | | |
| 身份证号码 |  |  |  |  |  | |  |  |  | |  |  |  |  | |  |  |  |  | |  | |  |
| 联系地址 |  | | | | | | | | | | | | | | 固定电话 | | | | | | |  | | |
| 移动电话 | | | | | | |  | | |
| E-amil |  | | | | | | | | | | | | | | 工作岗位 | | | | | | |  | | |
| 普通全日制学历 | 毕业院校 | | | | |  | | | | | | | | | 专 业 | | | | | | |  | | |
| 学历层次 | | | | |  | | | | | | | | | 毕业时间 | | | | | | |  | | |
| 个人简历 |  | | | | | | | | | | | | | | | | | | | | | | | |
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| 本人承诺:上述填写内容和提供的相关依据真实，符合招聘公告的报考条件。如有不实，弄虚作假，本人自愿放弃聘用资格并承担相应责任。   报考承诺人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位 审核意见 | （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 |  | | | | | | | | | | | | | | | | | | | | | | | |

报考岗位：