附件2

2017年泰顺县公开招聘医疗卫生事业单位专业技术人员报名表

报名序号（工作人员填写）：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | 身份证号 | |  | |  | |  |  | |  | |  | |  |  | | |  |  | |  | |  |  | |  |  |  | | |  |  | 照  片 |
| 性 别 | |  | 出生  年月 | | | |  | | | | | | | 政治  面貌 | | | | | | |  | | | | | | | | | | | | | | | | |
| 民族 | |  | 籍贯 | | | |  | | | | | | | 是否  已婚 | | | | | | |  | | | | | | | | | | | | | | | | |
| 现户口所在地 | |  | | 家庭详细通讯地址 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 执业资格 | |  | | | | | | | | | | | | | | | | | | | | 联系方式 | | | | | | | | 电话 | | | |  | | | | |
| 手机 | | | |  | | | | |
| 全日制普通院校学历 | |  | 学制 | | 年 | | | | 毕业院校及所学专业 | | | | | | |  | | | | | | | | | | | | | | 毕业时间 | | | |  | | | | |
| 招聘岗位  专业 | |  | | | | | | | | | | | | | | | | | | | | | | | | | 岗位专业代码 | | | | | | | |  | | | |
| 简  历 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩  情况 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人承诺：上述填写报名信息及提供材料真实完整。若有弄虚作假，愿意承担一切责任。**  （签名）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 县卫生计生部门审核意见 | 签字：  年 月 日 | | | | | | | | | | | | | | | | | 县人力社保部门审核意见 | | | | | | | 签字：  年 月 日 | | | | | | | | | | | | | |

**注：本表由报考人员如实填写。** 填表时间： 年 月 日