附件2：

斗门区基层医疗卫生机构公开招聘专业技术类雇员报名表

报考岗位：  报名号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 | |  | | | | | 性 别 | | | | | |  | | | | | 民 族 | | | | | | |  | | | | 贴  相  片 |
| 籍 贯 | |  | | | | | 政治面貌 | | | | | |  | | | | | 婚姻状况 | | | | | | |  | | | |
| 身份证号码 | |  |  | |  |  | |  |  | |  | | |  |  |  |  | |  |  |  |  | | | |  |  |  |
| 现户籍地 | | 省 市（县） | | | | | | | | | | | | | | | 邮政编码 | | | | | |  | | | | | |
| 通讯地址 | |  | | | | | | | | | | | | | | | 联系电话 | | | | | |  | | | | | |
| 毕业院校 | |  | | | | | | | | | | | | | | | 毕业时间 | | | | | |  | | | | | | |
| 所学专业 | |  | | | | | | | | | | | | | | | 学历及学位 | | | | | |  | | | | | | |
| 工作单位 | |  | | | | | | | | | | | | | | | 联系电话 | | | | | |  | | | | | | |
| 职业资格 | |  | | | | | | | | | | 执业资格 | | | | |  | | | | | | 是否服从分配 | | | | | |  |
| （从中学开始，按时间先后顺序填写）  主要学习、工作经历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员及社会关系 | 姓 名 | | | 与本人关系 | | | | | | 工作单位及职务 | | | | | | | | | | | | | | 户籍所在地 | | | | | |
|  | | |  | | | | | |  | | | | | | | | | | | | | |  | | | | | |
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| 有何特长及突出业绩 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人承诺 | 以上所填信息及提供的资料属实。如有虚假，责任自负。  承诺人签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报名资格审核意见 | 审核人（签名）： 复核人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

说明：1.“职业资格”是对从事某一职业所必备的学识、技术和能力的基本要求。如：初级工、中级工、高级工、技师、高级技师以及教师资格证、会计从业资格证、专业技术资格等。

2．“执业资格”是经国家认定的具有法律效力的资格。如：企业法律顾问、执业（助理）医师、执业（中）药师、造价工程师、房地产估价师、注册税务师、注册会计师等。

3.本表A4纸双面打印，本表须如实填写，经审核发现与事实不符的，责任自负。