附件2

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | | | | | **性 别** | | | | | |  | | | |  |
| **身份证号** | |  | | | | | **出生日期** | | | | | |  | | | |
| **政治面貌** | |  | | | | | **入党/团时间** | | | | | |  | | | |
| **学 历** | |  | | | **学位** |  | | | | | **毕业时间** | | |  | | |
| **所学专业具体名称** | | | |  | | | | | **毕业院校** | | | |  | | | | |
| **户籍所在地** | | |  | | | | | | | **电子邮箱** | | | | |  | | |
| **家庭住址** | | |  | | | | | | | | | | | | | | |
| **是否满足该职位要求的其它报名条件** | | | | | | | |  | | | | **联系电话** | | | |  | |
| **主要简历**  **（从高中开始填写）** | | |  | | | | | | | | | | | | | | |
| **报考岗位** | | |  | | | | | | | | | | | | | | |
| **信息确认栏** | | | 以上填写信息均为本人真实情况，若有虚假、遗漏、错误，责任自负。  签名：  年 月 日 | | | | | | | | | | | | | | |
| **招聘**  **单位**  **审核**  **意见** | 审查人签字：  年 月 日（盖章） | | | | | | | | | | | | | | | | |

盘州市2018年度卫生专业技术人员校园招聘报名登记表