附件2：

盐城市口腔医院2019年上半年公开招聘编外工作人员报名登记表

2019年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | 性别 |  | | 民族 | |  | | 政治面貌 | |  | | | 照片 | |
| 出生年月 |  | | | | | 身份证  号码 | | |  | | | | | | 籍贯 | |  |
| 第一学历 | 毕业  学校 | | | |  | | | | | 所学专业 | |  | | | 学历 | |  |
| 最高学历 | 毕业  学校 | | | |  | | | | | 所学专业 | |  | | | 学历 | |  | 身高 |  |
| 现专业技术  资格 | | | | |  | | | | | 现专业技术资格取得时间 | | | | | | |  | | |
| 家庭地址 |  | | | | | | | | | 联系电话 | |  | | | | | 特长 |  | |
| 报考岗位 | | | |  | | | | 报考岗位代码 | | | | | |  | | | | | |
| 简历（从高中填起） | |  | | | | | | | | | | | | | | | | | |
| 奖  惩  情  况 | |  | | | | | | | | | | | | | | | | | |
| 接受报名 人签名 | | |  | | | | | | 报名人员 确认签名 | | | | | | |  | | | |