附件2

**南安市公立医院公开招聘卫生类工作人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 | | |  | | 出生  年月 | |  | | | 民族 | |  | | 相片 |
| 籍贯 |  | | | 通讯地址 | | |  | | | | | | | | | | |
| 何时从何校  何专业毕业 | |  | | | | | | | | | | | | | | | |
| 学历 |  | | 学位 | |  | | | | | 是否全日制学历 | |  | 是否  专升本 | | | |  | |
| 已取得何卫生类  专业技术资格证书 | | | |  | | | | | | | | 是否取得规范化住院  医师培训合格的证明 | | | | |  | |
| 身份证号码 | |  | | | | | | | | | | 联系电话 | | |  | | | |
| 报考岗位  代码 | | NA | | | | | | 具体报考单位和职位 | | | |  | | | | | | |
| 个人简历  注：从高中（中专）阶段填写起，需填报实习单位。 | |  | | | | | | | | | | | | | | | | |
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| 符合何种优先条件 | |  | | | | | | | | | | | | | | | | |
| 报名审核意见 | | 审核人签名： | | | | | | | | | | | | | | | | |
|
|
| 相 片 | |  |  | | |  | | | 相 片 | |  | | | 南安市卫生健康局 制 | | | | |