附件2

基层医疗卫生机构2019年公开招聘医学人才报名表（启东）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | | | **性别** | |  | | **出生年月** | |  | | | | **照片** | |
| **身份证**  **号 码** | |  | | | | | | | **政治面貌** | |  | | | |
| **全日制教育**  **学历及学位** | |  | | | **毕业院校** | | | |  | | | | | |  | |
| **毕业时间** | |  | | | **毕业专业** | | | |  | | | | | |
| **在职教育**  **学历及学位** | |  | | | **毕业院校** | | | |  | | | | | | | |
| **毕业时间** | |  | | | **毕业专业** | | | |  | | | | | | | |
| **报考岗位**  **序 号** | |  | **报考单位** | | |  | | | | | | **籍贯** | | |  | |
| **现有专业技术资格** | | |  | | | | | | | | **取得**  **时间** | |  | | | |
| **家庭详**  **细地址** | |  | | | | | | | | **联系**  **方式** | **常用电话：** | | | | | |
| **其它电话：** | | | | | |
| **个人**  **简历 （从高中开始）** | |  | | | | | | | | | | | | | | |
| **奖惩**  **情况** | |  | | | | | | | | | | | | | | |
| **审核**  **意见** | |  | | | | | | | | | | | | | | |
| **填表说明** | | **1.此表相关内容由本人按要求如实填写。发现弄虚作假的，取消报名或聘任资格，后果由考生负责。 2.字迹清楚，不得涂改。报名表上交后一律不予更改。** | | | | | | | | | | | | | | |

**本人确认签名：**

**年 月 日**