附件2

报名序号：

连云港徐圩新区医疗应急救援中心公开招聘报名表

报考岗位： 岗位代码：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 |  | | | | | | 性 别 | | | | |  | | | | | 出生年月  （ 岁） | | | | | | |  | | | | | | | | 照片  （2寸） | | | |
| 民 族 |  | | | | | | 籍 贯 | | | | |  | | | | | 出 生 地 | | | | | | |  | | | | | | | |
| 政 治  面 貌 |  | | | | | | 入 党  时 间 | | | | |  | | | | | 熟悉专业  有何专长 | | | | | | |  | | | | | | | |
| 婚 姻  状 况 |  | | | | | | 专业技  术职务 | | | | |  | | | | | 其他证书情况 | | | | | | |  | | | | | | | |
| 毕 业  时 间 |  | | | | | | 工 作  时 间 | | | | |  | | | | | 工 作  单 位 | | | | | | |  | | | | | | | | | | | |
| 学习简历 （自高中时填起） | 起止时间 | | | | | | | 毕业院校 | | | | | | | 专业 | | | | | | | | 学历 | | | | | 学位 | | | 教育形式（全日制、函授、自考等） | | | | |
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| 是否取得执业资格 |  | | | | | | | | | | | 执业类别及执业范围  （未注册的注明未注册即可） | | | | | | | | | | | | | | |  | | | | | | | | |
| 本人  简历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩  情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭  成员  情况 | 称 谓 | | | | 姓 名 | | | | | 年龄 | | | | 政 治  面 貌 | | | | | | 工 作 单 位 及 职 务 | | | | | | | | | | | | | | | |
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| 身份  证号 |  | |  |  | |  | | |  | |  | |  | | |  | |  |  | | |  | | |  |  | | |  |  | | |  |  |  |
| 联系  电话 |  | | | | | | | | | | | | | | | | | | | | 电子信箱 | | | | | | | |  | | | | | | |
| 通讯  地址 |  | | | | | | | | | | | | | | | | | | | | 邮政编码 | | | | | | | |  | | | | | | |
| 本人郑重承诺上述填写内容全部属实。如有不实之处，愿意承担相应责任。  个人签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审查  意见 | | 审查人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 其它  说明  事项 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：除报名序号、审查意见由招考部门工作人员填写外，其它有关项目均应由报考人员填写。