附件2：

毕节市医疗投资有限责任公司2019年面向社会公开招聘工作人员报名表

**报名序号：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | | **性别** | | |  | | **民族** | |  | | | **照片** | |
| **身份证号** |  | | | | | **出生日期** | | |  | | | | |
| **政治面貌** |  | | | | | **户 籍**  **所在地** | | |  | | | | |
| **学历** |  | | | **学位** | |  | | | **毕业时间** | |  | | |
| **所学专业具体名称** | | | |  | | | | **毕业**  **院校** | |  | | | |
| **专业职称** | | | |  | | | | | **专业职务** | | | |  | | |
| **职业（从业）资格证** | | | |  | | | | | **电子邮箱** | | | |  | | |
| **报考单位** | | |  | | | | | | | | | | | | |
| **报考岗位** | | |  | | | | | | | | | **联系电话** | | |  |
| **主要简历（从高中开始填写）** | | | |  | | | | | | | | | | | |
| **报名信息确认栏** | | | | | **本人已认真阅读《职位表》，符合招聘范围、条件和职位要求，所填信息均为本人真实情况，自愿报名。若有虚假、遗漏、错误，责任自负。**  **考生签名： 代报人员签名：** | | | | | | | | | | |
| **招聘**  **单位**  **初审**  **意见** | | 审查人签字： 2019年 月 日(盖章) | | | | | | | **招聘**  **单位**  **复审**  **意见** | | | | | 审查人签字： 2019年 月 日(盖章) | |