附件2

常山县卫健系统2019年面向社会公开招考专业技术人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 身份  证号 |  | |  |  | |  | |  | |  | |  | |  | |  |  |  | | |  |  |  | | |  |  | |  |  | 近期免冠  白底彩照 |
| 户口  所在  地 |  | | | 民族 |  | | | | | | 性别 | | | | | |  | | | | | | 政治  面貌 | | | | |  | | | | | | |
| 参加  工作  时间 |  | | | 健康  状况 |  | | | | | | 专业技  术职称 | | | | | | | |  | | | | | | | | | | | | | | | |
| 报考  单位 |  | | | | | | | | 报考岗位  岗位 | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 初始  学历 |  | 毕业院校  及时间 | | | |  | | | | | | | | | | | | | | | | | | | | | | | 所学专业 | | | | | |  |
| 最高  学历 |  | 毕业院校  及时间 | | | |  | | | | | | | | | | | | | | | | | | | | | | | 所学专业 | | | | | |  |
| 联系  地址 |  | | | | | | | | | | | | | | | | | | | | | | | 固定电话 | | | | | | | |  | | | |
| 移动电话 | | | | | | | |  | | | |
| E-mail |  | | | | | | | | | | | | | | | | | | | | | | | 邮 编 | | | | | | | |  | | | |
| 现工作单位 | | |  | | | | | | | | | | | | | | | | | | | | | 工作职务 | | | | | | | |  | | | |
| 个  人  简  历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。**  **申请人（签名）： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报审考核单意位见 | （盖章）  年 月 日 | | | | | 身  份  证  复  印  件  粘  贴  处 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |

**注意：以上表格内容必须填写齐全。**