附件2：

**海东市全科医生特设岗位招聘报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 |  | | 出生年月 | | |  | | 相片  （一寸） | |
| 民族 |  | 户籍 |  | | 政治面貌 | | |  | |
| 学历 |  | 毕业院校 | | |  | | | | |
| 专业 |  | 家庭地址 | | |  | | | | | | |
| 现工作单位 | |  | | | | 联系电话 | | |  | | |
| 身份证号 | |  | | | | 考生类别 | | |  | | |
| 医师资格证书编号 | |  | | | | 医师资格证取得时间 | | |  | | |
| 执业医师注册证编号 | |  | | | | 执业类别 | | |  | | |
| 专业技术职称 | |  | | | | 执业范围 | | |  | | |
| 意向应聘单位 | |  | | | | | | | | | |
| 全科医生  培训经历 | |  | | | | | | | | | |
| 家庭主要  成员情况 | | 与本人关系 | | 姓　名 | | | 工作单位及职务 | | | | 党派 |
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| 奖罚情况 | |  | | | | | | | | | |
| 个人  学习  工作  简历 | |  | | | | | | | | | |