附件2

**2020年咸丰县卫生系统事业单位急需专项公开招聘**

**疫情防控专业技术人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | 性 别 | | | | |  | | | | | 出生年月 | | | |  | | | | | 照  片 | | | | |
| 政治面貌 | |  | | | | 民 族 | | | | |  | | | | | 户 籍 | | | |  | | | | |
| 毕业院校 | |  | | | | | | | | | | | | | | 毕业时间 | | | |  | | | | |
| 所学专业 | |  | | | | | | | | 学 历 | | | | | |  | | | | | | | | |
| 学 位 | |  | | | | | | | | 学历类型 | | | | | |  | | | | | | | | |
| 现工作单位 | |  | | | | | | | | 是否在编 | | | | | |  | | | | 参加工作时间 | | | | |  | | | | |
| 报考单位 | |  | | | | | | | | | | | | | 健康状况 | | | | |  | | | | | | | | | |
| 报考岗位 | |  | | | | | | | | | | | | | | 岗位代码 | | | |  | | | | | | | | | |
| 是否是恩施州建档立卡贫困家庭人员 | |  | | | | | | | | | | | | | | 执（职、从）业资格证 | | | |  | | | | | | | | | |
| **专业技术资格或者执业资格** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号 |  | |  |  |  | | |  |  | | |  |  |  | | |  | |  |  |  |  | |  | |  |  |  |
| 通信  地址 |  | | | | | | | | | | | | | | | | | 联系电话 | | | 手机 | |  | | | | | | |
| 住宅电话 | |  | | | | | | |
| 学习经历  （从高中算起） |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作经历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 其他 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人申明 | 本人承诺以上填报的基本信息与个人档案等材料一致，对其真实性负责。    填表人签名：    年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1.报考岗位有专业工作经历年限要求的，须在“工作经历”栏明确列举；

2.报考岗位有其他要求的，须在“其他”栏明确列举。