**附件2**

**永仁县卫健系统2020年紧缺人才公开招聘**

**报名资格审查表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | **性 别** | |  | | **民族** | | |  | | **照片** | |
| **出生年月** |  | | **户籍所在地** | |  | | | | | | |
| **联系电话** |  | | **身份证号码** | |  | | | | | | |
| **政治面貌** |  | | | **学 历** |  | | | | **学位** | | | |  |
| **毕业院校及专业** | |  | | | | | | | | | | | |
| **毕业时间** | |  | | | **家庭住址** | | |  | | | | | |
| **招聘单位** | |  | | | | **招聘岗位** | | | | |  | | |
| **个人简历** | |  | | | | | | | | | | | |
| **专业特长** | |  | | | | | | | | | | | |
| **资格审查意见** | | **资格审查负责人签名：**  **资格审查成员签名：**  **年　　月　　日** | | | | | | | | | | | |