附件2**：**

**承德市中医院公开招聘工作人员报名信息表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | |  | | 性别 | | |  | 出生年月 | | |  | | | | | 照片 | | |
| 身份证号 | | |  | | | | | 政治面貌 | | | |  | | | | |
| 民族 | | |  | | | | | 职称(职务) | | | |  | | | | |
| 生源地 | | |  | | | | | 户籍所在地 | | | |  | | | | |
| 本人特长 | | |  | | | | | | | | | | | | | |
| 报考岗位 | | |  | | | | | | | | | | | | | | | | |
| 执业资格条件（划“√”） | | | 1、执业医师资格（执业助理医师资格）  2、执业护士资格3、执业药师资格4、其他资格资质： | | | | | | | | | | | | | | | | |
| 毕业院校 | | |  | | | | | | | | 学历 | | | |  | | 是否全日制 | |  |
| 所学专业 | | |  | | | | | | | | 学位 | | | |  | | | | |
| 在校期间担任主要职务 | | | | | |  | | | | | | | | | | | | | |
| 学习工作简历 | 起止日期 | | | | | 学校或工作单位名称 | | | | | | | | 所学专业或从事岗位 | | | | 任何职务 | |
|  | | | | |  | | | | | | | |  | | | |  | |
|  | | | | |  | | | | | | | |  | | | |  | |
|  | | | | |  | | | | | | | |  | | | |  | |
|  | | | | |  | | | | | | | |  | | | |  | |
| 奖惩情况 | |  | | | | | | | | | | | | | | | | | |
| 家庭成员 | | 关系 | | 姓名 | | | 年龄 | | | 工作单位及职务 | | | | | | | | | |
|  | |  | | |  | | |  | | | | | | | | | |
|  | |  | | |  | | |  | | | | | | | | | |
|  | |  | | |  | | |  | | | | | | | | | |
| 家庭住址 | |  | | | | | | | | | | | 邮政编码 | | |  | | | |
| 联系电话 | | 固话： | | | | | | | | | | | 手机： | | | | | | |
| 本人郑重承诺：所提供的个人信息、证明材料、证件等真实、准确，遵守公开招聘的各项规定，诚实守信、严守纪律。对因提供有关信息证件不实或违反有关纪律造成的后果，愿承担相应责任。  **本人签字： 年 月 日** | | | | | | | | | | | | | | | | | | | |

注：报名表下侧粘贴2张近期小二寸免冠照片。