附件2

仙桃市2020年度医疗卫生单位公开招聘工作人员报名表

报考单位： 报名序号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | 身份证  号 码 | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  | |  | 电子照片 |
| 性 别 |  | | 出 生  年 月 | |  | | | | | | 籍 贯 | | | | | | |  | | | | | | | |
| 政 治  面 貌 |  | | 婚 否 | |  | | | | | | 身体状况 | | | | | | |  | | | | | | | |
| 毕业学校 | |  | | | | | | | | | 所学专业 | | | | | | |  | | | | | | | |
| 学 历 | |  | | 学 位 | | | | | | |  | | | | | | | 毕业时间 | | | | | |  | | |
| 本专业工作年限 | |  | | | | | | | | | 是否同意  调剂岗位 | | | | | | |  | | | | | | | | |
| 专业技术资格、  执业资格 | |  | | | | | | | | | 取得资格  时 间 | | | | | | |  | | | | | | | | |
| 原工作单位及  岗 位 | |  | | | | | | | | | 参 加 工  作 时 间 | | | | | | |  | | | | | | | | |
| 报考单位 | |  | | | | | | | | | 报考岗位 | | | | | | |  | | | | | | | | |
| 家庭住址 | |  | | | | | | | | | 联系电话 | | | | | | |  | | | | | | | | |
| 通讯地址 | |  | | | | | | | | | 邮 箱 | | | | | | |  | | | | | | | | |
| 学习工作经历  （高中阶段起） | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 家 庭 主  要 成 员 | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 报名审核意见 | | 审核人：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |
| 备 注 | | 1、 | | | | | | | | | | | | | | | | | | | | | | | | |