附件2

**2020年濮阳县卫生健康委员会所属事业单位**

**公开招聘报名表**

**报考单位及岗位专业：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | 性别 | | | |  | | | | | | | | | | 出生年月 | | | | | | |  | | | | | | | | **照 片**  （近期2寸彩色  免冠正面）  （加盖审核印章处） | |
| 籍贯 |  | | | | | | | | | | | 政治面貌 | | | |  | | | | | | 民族 | |  | | | | 健康  状况 | | |  | | | |
| 工作单位 | |  | | | | | | | | | | | | | | | | | | | 目前是否在编 | | | | | |  | | | | | | | |
| 身份证号 | |  | |  |  | |  |  | | |  | |  |  |  | | |  |  | | | |  | |  |  | | |  |  | |  | |  |
| 家庭住址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | 联系  方式 | | | | | |  | | | |
| 第一学历毕业  院校及专业 | | |  | | | | | | | | | | | | | | 第一学历  层次 | | | | | | | | | |  | | | | | | 是否  全日制 | | |  |
| 最高学历毕业  院校及专业 | | |  | | | | | | | | | | | | | | 最高学历  层次 | | | | | | | | | |  | | | | | | 是否  全日制 | | |  |
| 专业技术  任职资格 | | |  | | | | | | 专业技术任职  资格证书编号 | | | | | | | | | | |  | | | | | | | | | | | | | 符合加分的条件 | | |  |
| 工作经历 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 诚信承诺 | | | **本人所填写的信息准确无误，所提交的证件、资料均真实有效，如有虚假、错误等不实现象，所产生的一切后果由本人承担。**    报名人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查  意见 | | | 审查人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 人社部门  意见 | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

备注：1.此表打印一式二份。2.诚信承诺栏由报名人在资格复查现场填写，资格审查意见由负责审核的工作人员填写，其它项目均根据报考者网上报名信息打印。3.资格审查通过后，报名人员持本表及有效期内身份证、笔试准考证进行面试，请妥善保管报名表及笔试准考证。