附件2

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| **长沙市第一医院报名登记表** | | | | | | | | | | | | | | |
| **报考岗位** | |  | | | | | | | **岗位代码** |  | | | | 粘贴照片 |
| **姓 名** | |  | | | **性 别** |  | | | **出生年月** |  | | | |
| **民 族** |  | | | | **籍 贯** |  | | | **政治面貌** |  | | | |
| **第一学历** |  | | | | | **专 业** | | |  | | | | |
| **毕业时间** |  | | | | | **毕业学校** | | |  | | | | | |
| **最高学历** |  | | | | | **专 业** | | |  | | | | | |
| **毕业时间** |  | | | | | **毕业学校** | | |  | | | | | |
| **工作年限** |  | | | **已获得技术职称** | | | | |  | **联系电话** | |  | | |
| **婚姻状况** |  | | | **生育状况** | | |  | | **邮 箱** |  | | | | |
| **身份证号码** | | | |  | | | | | **是否与其他单位**  **建立劳动关系** | | | |  | |  |
| **学习简历** | | |  | | | | | | | | | | | |
| **工作简历** | | |  | | | | | | | | | | | |
| **在校及工作期间任何职务受何奖励** | | |  | | | | | | | | | | | |
| **诚信承诺** | | | **本《报名表》所填写的信息准确无误，报考所提交的证件、资料和照片真实有效，若有虚假，将取消考试或聘用资格，所产生的一切后果由本人承担。资格审查时，保证提交所需的全部证书证件查验。**  **报考人签名：** | | | | | | | | | | | |
| **审查意见** | | |  | | | | | **审查人员签名** | | |  | | | |