**附件2**

**盐城市卫生健康委部分直属事业单位2020年公开招聘**

**专业技术人员报名表**

**报考岗位： 岗位代码：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 |  | | 身份证号 |  | |  |  |  |  |  |  | |  |  |  |  | |  | |  | |  |  |  |  |  |
| 籍贯 |  | 最高  学历 |  | | 最高学位  及培养方式 | | | | | |  | | | | | | | | 贴照片处  （另一张点贴于  本表右下角） | | | | | | | | | |
| 毕业院校 |  | | | | 毕业时间 | | | | | |  | | | | | | | |
| 本科专业 |  | | | | 研究生专业 | | | | | |  | | | | | | | |
| 外语水平 |  | | | | 计算机水平 | | | | | |  | | | | | | | |
| 专业技术  职务 |  | | | | 已考取有关资格 | | | | | |  | | | | | | | | | | | | | | | | | |
| 政治面貌 |  | | 婚否 | |  | | 报考单位及岗位 | | | | | | |  | | | | | | | | | | | | | | |
| 通讯地址 |  | | | | | | | | | | | | | 邮政编码 | | | | | | | | |  | | | | | |
| 联系电话 |  | | |  | | | | | | | | | | 户籍所在地 | | | | | | | | |  | | | | | |
| 现工作单位及职务（如有工作，是否在编） |  | | | | | | | | | | | | | 技能状况 | | | | | | | | |  | | | | | |
| 简历  （自高中起，时间到月） |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作或  社会实践  经历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩  情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要科研  成果  （论文、  著作等） |  | | | | | | | | | | | | | | | | | | | | 照片2 | | | | | | | |
| 其他须  说明事项  或要求 |  | | | | | | | | | | | | | | | | | | | |

**注意**：本表中所填内容以及所提供材料均真实有效，如有不实之处，取消录用资格。

**报名者本人签字确认： 审核人签名：**