附件2：

溧水区卫健系统社区医生报名表

报名序号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本情况** | 姓名 |  | | | | | | | | | | | | | 性别 | | | | |  | | | | | | | （贴照片处） | |
| 民族 |  | | | 出生年月 | | | |  | | | | | | 政治面貌 | | | | |  | | | | | | |
| 身份证号 |  |  |  | |  |  |  | |  |  |  |  |  | |  | |  |  | |  |  |  | | |  |
| **报名情况** | 报考单位 |  | | | | | | | | | | | | | | | 报考岗位 | | | | | | | |  | | | |
| 岗位代码 |  | | | | | | | | | | | | | | | 报考专业 | | | | | | |  | | | | |
| 现有专业技术资格 |  | | | | | | | | | | | | | | | 现有专业技术资格取得时间 | | | | | | |  | | | | |
| **教育情况** | 最高学历 |  | | | | | 毕业时间 | | | |  | | | | | | 毕业专业 | | | | | | |  | | | | |
| 毕业院校 |  | | | | | | | | | | | | | | | 计算机水平 | | | | | | |  | | | | |
| 外语水平 |  | | | | | | | | | | | | | | | 招聘对象身份 | | | | | | | 应届毕业生 | | | |  |
| 社会人员 | | | |  |
| **其他信息** | 原工作  单位 |  | | | | | | | | | | | | | | | 参加工作时间 | | | | | | |  | | | | |
| 联系电话 |  | | | | | | | | | | | | | | |  | | | | | | |  | | | | |
| **本人确认签字： 2021 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **审查意见** | 报考单位审查意见  印章  年　　月　　日 | | | | | | | | | | | | | 主管部门审核意见  印章  年　　月　　日 | | | | | | | | | | | | | | |