附件2：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 宜春市第二人民医院面向高校毕业生择优引进（招聘）  医学类人才报名表 | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | 身份 证号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | （照片） |
| 籍贯 |  | 户口 所在地 |  | | | | 性别 | | |  | | | 民族 | | | |  | | | |
| 毕业院校  及所学专业 | 本科阶段 |  | | | | | 政治面貌 | | | | | |  | | | | | | | |
| 研究生  阶段 |  | | | | | 执业范围 | | | | | |  | | | | | | | | |
| 联系地址 |  | | | | | | | | | | | | 固定电话 | | | | |  | | | |
| 移动电话 | | | | |  | | | |
| 报考岗位 |  | | | | | | | | | | | | | | | | | | | | |
| 个人简历及特长优势 |  | | | | | | | | | | | | | | | | | | | | |
| 本人承诺：上述内容由本人填写，真实准确。如有不实，本人承担责任。   填表人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | |
| 招聘  单位 审核 意见 | （签 章）  年 月 日 | | | | | | | | | | | | | | | | | | | | |
| 备注：以上表格内容必须填写齐全。 | | | | | | | | | | | | | | | | | | | | | |