附件二

屏山县人民医院招聘工作人员登记表

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| **姓　名** | |  | | | | | | | | **性别** | | | |  | | | | | **出生**  **年月** | | | | | |  | |  |
| **专业** | |  | | | | | | | | **学历** | | | |  | | | | | **学位** | | | | | |  | |
| **职称**  **技术等级** | |  | | | | | | | | **职务** | | | |  | | | | | **入党时间** | | | | | |  | |
| **招聘方式** | |  | | | | | | | | **出生地** | | | |  | | | | | **毕业院校** | | | | | |  | |
| **籍贯** | |  | | | | | | | | **应聘**  **岗位** | | | |  | | | | | | | | | | | **岗位类别** | |  |
| **原工作单位** | |  | | | | | | | | | | | | | | | | | | | | | | | **原主管部门** | |  |
| **原单位性质及等级** | |  | | | | | | | | | | | | | | | | | | | | | | | **个人人事档案管理机构** | |  |
| **本人详细**  **住址及邮编** | |  | | | | | | | | | | | | | | | | | | | | | | | **联系电话** | |  |
| **电子邮箱** | |  |
| **本人身份证号码** | |  |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | |  | **本人现户口登记机关** | |  |
| **本人主要学习工作简历** |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **奖惩情况** |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **家庭主要成员及主要社会关系** | **姓名** | | | | | **性别** | | | | **与本人**  **关系** | | | | | **出生年月** | | | | | | | | **政治面貌** | | | **现工作单位及职务**  **或职称** | |
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| **是否受过党纪政纪处分及有无违法犯罪记录** |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人承诺** | 本人郑重承诺，以上内容客观真实，如有虚假，本人愿意承担相关责任。  签名：  日期： | | | | | | | | | | | | | | | | | | | | | | | | | | |