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| **附件2** |  | |  | |  | |  | | | | | |
| **2021年庆云县卫生健康系统优秀青年人才引进**  **报名登记表** | | | | | | | | | | | | |
| **姓　　名** |  | | **性　　别** | | |  | | | | | 本人近期一寸  彩色免冠照片 | |
| **民　　族** |  | | **身份证号** | | |  | | | | |
| **政治面貌** |  | | **出生年月** | | |  | | | | |
| **出 生 地** |  | | **户籍所在地** | | |  | | | | |
| **学　　历** |  | | **学 位** | | |  | | | **毕业时间** | | |  |
| **毕业院校** |  | | | | | | | | | | | |
| **所学专业** |  | | | | | | | | | | | |
| **联系电话** |  | | **通讯地址** | | |  | | | | | | |
| **资格证书** |  | | | | | **证书级别** | | | |  | | |
| **个人简历 （从高中填起）** |  | | | | | | | | | | | |
| **奖惩情况** |  | | | | | | | | | | | |
| **家庭成员情况** | **姓名** | **关系** | | **政治面貌** | | | | **工作单位及职务** | | | | |
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| **资格审核结果**  **及意见** |  | | | | | | | | | | | |
| **本人承诺** | **以上填写内容真实完整。如有不实，本人愿承担一切法律责任。**    **签名： 年 月 日** | | | | | | | | | | | |