附件2：

金堂县妇幼保健院公开招聘工作人员报名表

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | |  | **性别** |  | **出生 年月** |  | **民族** |  | 照片 |
| **学历** | |  | **毕业学校及时间专业** |  | | | **政治面貌** |  |
| **身份证** | |  | | **联系电话** |  | | **籍贯** |  |
| **职称资格** | |  | **报名 岗位** |  | | **家庭住址** |  | | |
| **学习经历** | |  | | | | | | | |
| **工作经历** | |  | | | | | | | |
|  | **报名人签字：** | | | | | | | | |
|  | **年   月    日** | | | | | | | | |