附件2：

长沙市天心区街道社区卫生服务中心

招聘报名表

**应聘岗位： 应聘单位：**

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **姓名** |  | **性别** | | |  | **出生年月** |  | **民族** |  | **免冠**  **彩色**  **电子**  **照片** | |
| **身份证号** |  | | | | | **籍贯** |  | **参加工作时间** |  |
| **婚育状况** |  | | | | | **政治面貌** |  | **最高学历** |  |
| **学历学位** | **全日制**  **教育（学历及学位）** | |  | | | **毕业院校及专业** |  | | | | |
| **在职**  **教育** |  | | | | **毕业院校及专业** |  | | | | |
| **健康状况** |  | | | | | **专业技术职称或职业资格证，取得时间** | |  | | | |
| **现工作单位** |  | | | | | | **职务** |  | | | |
| **通讯地址** |  | | | | | | **联系电话** |  | | | |
| **学习经历（从高中开始填写）** | | | | | | | | | | | |
| **起止时间** | **毕业院校** | | | | | | **所学专业** | **学制及学习形式** | | | |
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| **工作经历** | | | | | | | | | | | |
| **起止时间** | **工作单位** | | | | | | **部门职务或岗位** | | **证明人** | | **离职原因** |
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| **家庭主要**  **成员情况** | **姓名** | | | **与本人关系** | | **年龄** | **现工作单位** | | | **职务** | |
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| **主要工作**  **业绩说明** |  | | | | | | | | | | |
| **受过何种奖励或接受专业培训经历** |  | | | | | | | | | | |
| **有无不良行为记录** |  | | | | | | | | | | |
| **是否接受调剂和安排** |  | | | | | | | | | | |
| **本人保证所填写内容及所提供资料属实，如有弄虚作假或隐瞒的情况，一切后果和责任由本人承担。**  **签名： 年 月 日** | | | | | | | | | | | |