附件2

**2022年濮阳市第二人民医院（市眼科医院）**

**公开引进高层次和急需紧缺人才报名表**

岗位序号： 岗位专业：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | | 性别 | | |  | | | | 出生年月 | | | | | | |  | | | | | | | | | | **照 片**  （近期2寸彩色  免冠正面）  （加盖审核印章处） | |
| 籍贯 |  | | | | | | 政治面貌 | | |  | | | | 民族 | | | |  | | | | | | 身体状况 | | |  | | | |
| 工作单位 | |  | | | | | | | | | | | | | | | | 是否在编 | | | | | |  | | | | | | |
| 身份证号 | |  | |  | |  | |  |  | |  |  |  | |  | |  |  |  |  | | |  | |  |  | |  | |  |
| 家庭住址 | |  | | | | | | | | | | | | | | | | | | | | 联系方式 | | | | | | |  | | | |
| 第一学历毕业院校 | | | | |  | | | | | | | | | | | 所学专业 | | | | | |  | | | | | | | 毕业时间 | | |  |
| 最高学历毕业院校 | | | | |  | | | | | | | | | | | 所学专业 | | | | | |  | | | | | | | 毕业时间 | | |  |
| 专业技术任职资格 | | | | |  | | | | | | | | | | | | | | | | | 专业技术任职资格  证书编号 | | | | | | | | | |  |
| 工作经历 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人承诺 | | | **本人所填写的信息准确无误，所提交的证件、资料真实有效，如有虚假、错误，所产生的一切后果由本人承担。**  报名人（签名）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查  意见 | | | 单位意见：  （盖章）  审查人（签字）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

备注：除资格审查意见由负责资格审查的工作人员填写外，其它项目均由报考者填写。