**附件2：**

**扬州市江都区双沟社区卫生服务中心2023年乡村医生招聘编外专业技术人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓  名 | | |  | | | | 性  别 | | |  | | 出生年月 | |  | | | 照片 | |
| 籍  贯 | | |  | | | | 政治  面貌 | | |  | | 外语水平 | |  | | |
| 最高学历 | | |  | | | | 最高  学位 | | |  | | 毕业时间 | |  | | |
| 毕业学校 | | |  | | | | | | | | | 专  业 | |  | | | | |
| 联系电话 | | |  | | | | | | | | | 身份证号码 | |  | | | | |
| 专业技术资格情况 | | | 专业技术名称：                 取得时间： | | | | | | | | | | | | | | | |
| 学习经历(高中起点） | | 经历 | | 起止年月 | | | | | 院校名称 | | | | 所学专业 | | 学位 | | | 备注 |
|  | |  | | | | |  | | | |  | |  | | |  |
|  | |  | | | | |  | | | |  | |  | | |  |
|  | |  | | | | |  | | | |  | |  | | |  |
|  | |  | | | | |  | | | |  | |  | | |  |
| 实习及工作经历 | | 起止年月 | | | | 实习、工作、培训单位 | | | | | | | | | | 岗  位 | | |
|  | | | |  | | | | | | | | | |  | | |
|  | | | |  | | | | | | | | | |  | | |
|  | | | |  | | | | | | | | | |  | | |
| 婚姻家庭情况 | | 姓名 | | | 关 系 | | | 出生年月 | | | 职  业 | | | 现工作单位 | | | | |
|  | | |  | | |  | | |  | | |  | | | | |
|  | | |  | | |  | | |  | | |  | | | | |
|  | | |  | | |  | | |  | | |  | | | | |
| 有无特长 |  | | | | | | | | | | | | | | | | | |

本人已认真阅读《扬州市江都区双沟社区卫生服务中心2023年乡村医生招聘简章》，保证以上所填资料真实准确，如有违事实，愿意取消报名、聘用资格。

 填写人签名：                                        年    月    日