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| **徐州市传染病医院2023年公开招聘合同制人员报名表** | | | | | | | | | | | | | | | | | | | | | | |
| **基本情况** | 姓名 |  | | | | | 岗位代码 | | |  | | | | | 性别 | | |  | | | 照片 | |
| 民族 |  | | | | | 出生年月 | | |  | | | | | 政治面貌 | | |  | | |
| 身份  证号 |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 报考  岗位 |  | | | | | | | | | | 报考专业 | | | | | |  | | | | |
| 现有资格(职称) |  | | | | | | | | | | | | | | | 现有资格(职称)取得时间 | | | | |  |
| **教育情况** | 学历  学位 |  | | | | | | 毕业时间 | | | |  | | | | | 毕业专业 | | | | |  |
| 毕业  院校 |  | | | | | | | | | | | | | | | 学制（年） | | | | |  |
| **其他信息** | 原工作单位 |  | | | | | | | | | | | | | | | 参加工作时间 | | | | |  |
| 通讯  地址 |  | | | | | | | | | | | | | | | 联系电话 | | | | |  |
| **学历情况（从初中开始填写）** |  | | | | | | | | | | | | | | | | | | | | | |
| **本人承诺以上信息真实、准确、有效，如有虚假，责任自负。  本人确认签字： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | |

附件2