附件2

衢州市直卫生健康单位招聘优秀应届毕业生

报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | 身份证号 | |  |  |  |  | |  |  | | | |  | |  |  |  | | | | |  |  | |  |  |  |  | | |  |  | 贴  一  寸  近  照 | |
| 民族 |  | | 政治面貌 | |  | | | | | | | | 学历 | | | | | | | | | |  | | | | | | | | | | | |
| 户口所在地或  毕业生生源地 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所学专业 | | |  | | 联系电话 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 毕业院校 | | |  | | | | | | | | | | | 综合排名 | | | | | | | | | | | |  | | | | | | | | | | |
| 报考单位 | | |  | | | | | | | | | 报考  岗位 | | | | | | | | |  | | | | | | | | | | 岗位  代码 | | | | |  |
| 通讯地址 | | |  | | | | | | | | | 邮政  编码 | | | | | | | | |  | | | | | | | | | | | | | | | |
| 学习简历  （按学习经历倒序填写） | | | | 起止年月 | | | | | 学校 | | | | | | | | | | | | | 专业 | | | | | | | | | | 学历 | | | | |
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| 工作（或实习）简历 | | | | 起止年月 | | | | | 工作地点 | | | | | | | | | | | | | 主要经历（如担任职务、工作内容等） | | | | | | | | | | | | | | |
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| 用  人  单  位  初  审  意  见 | | （盖章）  年 月 日 | | | | | | | | | | | | | | 主管  部门  审核  意见 | | | | （盖章）  年 月 日 | | | | | | | | | | | | | | | | |

备注：表格不足的可自行添加