**附件2**

**2023年梧州市红十字会医院**

**面向社会直接面试招聘事业单位工作人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | | |  | | **性 别** | |  | **出生日期** | | | |  | **粘贴相片** | |
| **民 族** | | |  | | **籍 贯** | |  | **出 生 地** | | | |  |
| **政治面貌** | | |  | | **外语水平** | |  | **计算机水平** | | | |  |
| **常住户口所**  **在地** | | |  | | | | | **健康状况** | | | |  |
| **身份证号码** | | |  | | | | | **身高** | | | |  |
| **学历**  **学位** | | |  | | | | | **毕业院校、专业、时间** | | | |  | | |
| **通讯地址** | | |  | | | | | **联系电话** | | | |  | | |
| **应聘单位、岗位** | | |  | | | | | | **电子邮箱** | | |  | | |
| **主要学习、工作经历** | | | | | | | | | | | | | | |
| **起止年月** | | | | **学校（单位）** | | | | | | | | **毕业/结业/职务** | | |
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| **主要家庭成员及社会关系** | **称 谓** | **姓 名** | | | | **工作单位及职务** | | | | | | | | **备注** |
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| **本人承诺** | | **本人已仔细阅读，所填资料完全真实。 签名： 日期：** | | | | | | | | | | | | |
| **招聘单位资格初审** | |  | | | | | | | | **资格复审** |  | | | |