附件2

巧家县卫生健康系统县城规划区内医院公开选调医务人员报名表

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| **姓 名** | |  | | | **性别** | |  | | | | | **出生年月** | |  | | | | **照片** |
| **参加工作时间** | |  | | | **民族** | |  | | | | | **政治面貌** | |  | | | |
| **职称资格** | | |  | | | | | | | | | **婚姻状况** | |  | | | |
| **现工作单位** | | |  | | | | | | | | | **主要专业特长** | |  | | | |
| **全日制学历毕业学校** | | |  | | | | | **毕业**  **时间** | | | |  | | **所学**  **专业** | |  | | |
| **国民教育学历毕业学校** | | |  | | | | | **毕业**  **时间** | | | |  | | **所学**  **专业** | |  | | |
| **最高学历毕业证号** | | |  | | | | | | | | | **身份证号码** | |  | | | | |
| **报考单位** | | |  | | | | | | | **报考岗位** | | |  | | **岗位代码** | |  | |
| **本人主要学习工作简历** | **起止年月** | | | **工作学习单位** | | | | | | | | | | | | | | **职 务** |
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| **家庭成员信息（父母、配偶、子女）** | **姓 名** | | | **性别** | | **称 谓** | | | **年龄** | | **现工作单位（住址）** | | | | | | | |
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| **学历、专业、资格证书用人单位审查意见：**  （明确学历、专业、资格是否符合报考条件）  审核人签字：  年 月 日 | | | | | | | | | | | **工作时间、年度考核用人单位审查意见：**    （明确工作时间，考核结果）  单位负责人签字（盖章）：  年 月 日 | | | | | | | |
| **主管部门审核意见：**    审核人签字：  年 月 日 | | | | | | | | | | | | | | | | | | |
| **资格复审意见：**  总审人签字：  年 月 日 | | | | | | | | | | | | | | | | | | |

说明：本表一式一份双面打印，相关起始学历、专业、资格证书请提供原件审核后，交复印件