附件2：

南城县卫生健康系统事业单位编外人员

报名登记表

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 基本信息 | | | | | | | | | | |
| 姓名 |  | | 性别 | |  | | | 健康状况 |  | 照片 |
| 身份证号码 |  | | | | | | | 婚姻状况 |  |
| 政治面貌 |  | | | 民族 | |  | | 学历 |  |
| 毕业院校  及专业 |  | | | | | | | 技术职称 |  |
| 现居地址 |  | | | | | | | | | |
| 教育经历 | | | | | | | | | | |
| 起止年月 | 毕业院校 | | | | 专业 | | | | 学历证书 | |
|  |  | | | |  | | | |  | |
|  |  | | | |  | | | |  | |
| 工作情况 | | | | | | | | | | |
| 起止年月 | 工作单位 | | | | 岗位/职务 | | | | 工作情况 | |
|  |  | | | |  | | | |  | |
|  |  | | | |  | | | |  | |
|  |  | | | |  | | | |  | |
| 家庭主要成员 及重要社会关系 | 称谓 | 姓名 | | | 出生年月 | | 政治面貌 | | 工作单位及职务 | |
|  |  | | |  | |  | |  | |
|  |  | | |  | |  | |  | |
|  |  | | |  | |  | |  | |

本人保证上述内容填写属实，如弄虚作假，愿承担相应法律后果。 确认签名：