附件2

**万荣县人民医院**

**2024年公开招聘聘用制人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | 身份证号 |  | | | | | | | **照**  **片** |
| 性 别 |  | | 政治面貌 |  | | 学历 | |  | | |
| 所学专业 |  | | 毕业院校及时间 |  | | | | | | |
| 资格取得时间 | |  | | | 执业证书编号 | | | |  | | |
| 籍贯 | |  | | | 现住址 | |  | | | | |
| 报考岗位 | |  | | | 联系电话 | | | | |  | |
| **身份证复印件正反面粘贴** | | | | | | | | | | | |