附件2：

2017年秋季如东县医疗卫生单位公开招聘报名表

**报考单位： 岗位名称 岗位代码：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | | | 性别 | | | |  | | | | | 政治面貌 | | | | |  | | | | | （照 片） |
| 身份证  号 码 | |  |  |  | |  |  | |  |  | | |  | |  |  | |  |  |  |  |  |  |  | |  |
| 毕业院校 | | | | |  | | | | | | | | | | | | 学 历  （学 位） | | | | |  | | | | |
| 毕业专业 | | | | |  | | | | | | | | | | | | 毕业时间 | | | | |  | | | | |
| 现工作单位 | | | | |  | | | | | | | | | | | | 参加工作  时 间 | | | | |  | | | | |
| 执业资格 | | | | |  | | | | | | 户 籍  所在地 | | | | | |  | | | | | 联系电话 | | | | |  |
| 家庭住址 | | | | | （邮编： ） | | | | | | | | | | | | | | | | | | | | | | |
| 个  人  简  历 | 起止年月 | | | | | | | 在何地、何单位、任何职 **（从初中开始填写）** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩  情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人承诺以上情况属实，如情况不符，同意不予聘用。**  本人签名： | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审核  意见 | 招聘单位意见：    审核人：  年 月 日 | | | | | | | | | | | | | 县卫计委意见：  审核人：  年 月 日 | | | | | | | | | | | 县人社局意见：  审核人：  年 月 日 | | |

注：本表一式二份，招聘单位、如东县卫生和计划生育委员会各一份。