附件2

2020年江阴市人民医院医疗集团及部分公共卫生单位

公开招聘合同制工作人员报名表

报名序号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 |  | | 出生  年月 | |  | | | | | | | | 政治面貌 | | | | | |  | | | | | | 照片 | | | | | |
| 毕业  院校 |  | | | 毕业专业 |  | | 学历 | |  | | | | | | | | 学位 | | | | | |  | | | | | |
| 毕业  时间 |  | | |
| 考生身份（2020年毕业生/其他人员） | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 户籍所在地 | | | 省 市（县、区） | | | | | | 生源所在地 | | | | | | | | | | | 省 市（县、区） | | | | | | | | | | | | | | |
| 报考岗位 | | | | | | | | | 身份证号码 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 岗位名称 | | | | | 岗位代码 | | | |
|  | | | | |  | | | |  | |  |  | |  |  |  | | |  | |  |  | | |  |  |  |  | |  |  |  |  |  |
| 家庭地址 |  | | | | | 邮编 | |  | | | | | 联系  电话 | | | | | 手机 | | | | | |  | | | | | | | | | | |
| 宅电 | | | | | |  | | | | | | | | | | |
| 工作单位 | |  | | | | | | | | 参加工作时间 | | | | | | | | | | | | | |  | | | | | | | | | | |
| 学习经历 | [从初中起填，请如实填写各段经历起止年月、在何单位学习，时间须前后衔接] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作经历 | [请如实填写各段经历起止年月、在何单位工作，时间须前后衔接，没有填“无”] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭成员情况 | [请按照“姓名”、“关系”、“所在单位”、“职务”如实填写] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 初审意见 | 年 月 日 | | | | | | | | 复审  意见 | | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | |
| 备 注 | 本人已知晓2020年江阴市人民医院医疗集团及部分公共卫生单位公开招聘合同制工作人员的相关规定，提出应聘申请，并承诺将遵守此次招聘的相关规定。本人承诺所提供的相关材料是真实和有效的，如与岗位条件不符，取消考试或应聘资格。  本人签名： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |