附件二：

2022年鼓楼区卫健系统招聘编外工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 身份证号 |  |  |  |  |  | |  | |  |  | |  |  | |  | |  |  |  |  | |  | |  |  | 免冠  两寸  彩照 |
| 户口  所在地 |  | | | 民族 |  | | | | | 性别 | | | | |  | | | | | 政治  面貌 | | | | |  | | | | |
| 学历 |  | | | | | | | | | | | | | | 毕业时间 | | | | |  | | | | | | | | | |
| 参加工作时间 |  | | | 健康状况 |  | | | | | 证书职称 | | | | | | | |  | | | | | | | | | | | | |
| 联系  地址 |  | | | | | | | | | | | | | | | | | 电话 | | | | | | | | |  | | | |
| E-mail |  | | | | | | | | | | | | | | | | | 邮编 | | | | | | | | |  | | | |
| 最高学历毕业院校 | | |  | | | | | | | | | | | | | | | 所学专业 | | | | | | | | |  | | | |
| 现工作单位 | | |  | | | | | | | | | | | | | | | 工作职务 | | | | | | | | |  | | | |
| 个  人  简  历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 应聘单位 | |  | | | | | | | | | | 报名岗位 | | | | | | | |  | | | | | | | | | | |
| **本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。**  **申请人（签名）： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |