**附件二：**

**遵义医学院附属口腔医院公开招聘报名表**

**报考岗位**： **岗位代码：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 |  | | | | | | 民族 |  | | | 身高 | |  | | | （照片粘贴处） |
| 出生年月 | | |  | | | | | | 身份证号码 | | |  | | | | | | | |
| 政治面貌 | | |  | | | | 籍贯 | |  | | | 健康状况 | | | |  | | | |
| 婚姻状况 | | |  | | | | | | 联系电话 | | |  | | | | | | | |
| 毕业院校 | | |  | | | | | | | | | 所学专业 | | |  | | | | |
| 学历学位 | | |  | | | | | | | | | 毕业时间 | | |  | | | | |
| 计算机能力/级别 | | | | | |  | | | | | | 联系地址 | | |  | | | | | |
| 专业技术职称资格名称 | | | | | |  | | | | | | 专业技术职称取得时间 | | | | | |  | | |
| 外语能力（语种/程度） | | | | | |  | | | | | | 爱好/特长 | | | | | |  | | |
| 是否在职在编人员 | | | | | | | |  | | | | | | | | | | | | |
| 个人学习  及工作简历  （自高中起） | | | 起止时间 | | | | | | | 工作（学习）单位 | | | | 所从事工作 | | | | | 奖惩情况 | |
|  | | | | | | |  | | | |  | | | | |  | |
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| 报名信息确认：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。  **考生签名**（请勿打印，须本人亲自签名）：  **代报人员签名**：年 月 日 | | | | | | | | | | | | | | | | | | | | |
| 报名  审查  意见 | | 审查人签字:  年 月 日 | | | | | | | | | | 备用照片粘贴处 |  | | | | | | | |