附件2

福泉市中医医院招聘编外专业技术人员报名表

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| 姓名 | |  | | 性别 | |  | | 出生日期 | |  | | | 年龄 | |  | 相片 |
| 民族 | |  | | 身高 | |  | | | | 政治面貌 | | |  | | |
| 身份证号 | |  | | | | | | | | | | | | | |
| 现居住详细地址 | |  | | | | | | | | | | 邮编 | |  | |
| 个人邮箱 | |  | | | | | | | 档案所在地 | | | | |  | | |
| 移动电话 | |  | | | | | | | 户口所在地 | | | | |  | | |
| 家庭地址 | |  | | | 家庭电话 | | | |  | | | 家庭联系人 | | |  | |
| 报考岗位 | |  | | |  | | | |  | | |  | | |  | |
| 紧急情况联系人： 与本人的关系： 联系电话： | | | | | | | | | | | | | | | | |
| 户口性质 | □本市城镇 □本市农村 □外地城镇 □外地农村 | | | | | | | | | | | | 婚姻状况 | | |  |
| 参加工作时间 | 年 月 日 | | | | | | | | 最高学历 | | | |  | | 职称 |  |
| 学习经历（从高中起填） | | | | | | | | | | | | | | | | |
| 时间 | | | 学校 | | | | 专业 | | | | | | 担任职务 | | | |
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|  | | |  | | | |  | | | | | |  | | | |
| 工作及实习经历 | | | | | | | | | | | | | | | | |
| 时间 | | | 单位 | | | 职位 | | | | | 证明人及电话 | | | | | |
|  | | |  | | |  | | | | |  | | | | | |
|  | | |  | | |  | | | | |  | | | | | |
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| 个人声明：本人报名所提供的信息及证件材料完成属实，如有虚假，一经查实，自动取消聘用资格。  签名： 时间： | | | | | | | | | | | | | | | | |