附件2

2022年安康市妇幼保健院招聘工作人员**报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **姓　名** | | |  | | **性别** |  | | **民 族** | |  | | **出生年月** | | |  | | | 照片 |
| **政治面貌** | | |  | | **籍贯** |  | | **婚姻状况** | |  | | **职 称** | | |  | | |
| **身份证号** | | |  | | | | | **学 历** | |  | | **学 位** | | |  | | |
| **现所在地** | | |  | | | | | | | | | | | | | | |
| **所学专业**  （所学专业按毕业证书规范填写） | | | | | | |  | | | | | | | | | | |
| **毕业学校、毕业时间** | | | | | | |  | | | | | | | | | | | |
| **执业证书** | |  | | | | | **证书编号** | |  | | | | | **计算机水平** | | |  | |
| **联系电话** | |  | | | | | **电子邮箱** | |  | | | | | **拟应聘岗位** | | |  | |
| **主要学习、工作及培训经历**（请自高中教育阶段开始填写） | | | | | | | | | | | | | | | | | | |
| **起止年月** | | | | **学习、工作单位、培训**  （学习单位应包含学校、专业、学习方式、层次、毕业情况） | | | | | | | | | | | | **职称/职务** | | |
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| **本人保证以上所有内容属实，否则责任自负。本人如招录到医院工作，个人愿服从医院调配。**    **签 名：**  **年 月 日** | | | | | | | | | | | | | | | | | | |
| **资料审核人签字** | **年 月 日** | | | | | | | | | | **医院审核意见** | | **年 月 日** | | | | | |
| **备注** |  | | | | | | | | | | | | | | | | | |