**附件2：**

**疏勒县人民医院面向社会公开招录工作人员报名表**

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| 姓名 | | |  | | | | | | | | | | | |  | |
| 应聘岗位 | | |  | | | | | | | 政治面貌 | | | |  | 照片 | |
| 性别 | | |  | 民族 | | | |  | | 籍贯 | | | |  |  | |
| 出生日期 | | |  | | | | | | | 身份证号码 | | | |  | | |
| 婚姻状况 | | |  | 户口所在地 | | | |  | | 现居住地 | | | |  | | |
| 手机号码 | | |  | | | | | 固定电话 | |  | | | | QQ号码 |  | |
| 在疏勒县人民医院单位内有无亲属 | | | | | | | | | |  | | | | | | |
| 学历 | | |  | | | | | 学位 | |  | | 学制 | |  | | |
| 所学专业 | | |  | | | | | | | 毕业时间 | | | |  | | |
| 毕业院校 | | |  | | | | | | | 健康状况 | | | |  | | |
| 身高（cm） | | |  | | | | | | | 体重（kg） | | | |  | | |
| 驾驶证 | | |  | | | | | | | 取得时间 | | | |  | | |
| 专业技术资格名称及取得时间： | | | | | | | | | | | | | | | | |
| 是否同意岗位调剂 | | | | | 同意□ 不同意□ | | | | | | | 签名 |  | | | |
| 配偶子女信息 | | | | | | | | | | | | | | | | |
| 配偶姓名 | | | | | | | | | | 出生年月 | | | | | | |
| 参加工作时间 | | | | | | | | | | 户口所在地 | | | | | | |
| 学历 | | | | | | | | | | 所在单位 | | | | | | |
| 联系电话 | | |  | | | | | | | | | | | | | |
| 子  女  情  况 | 姓名 | | | 性别 | | | 出生年月 | | | 所在单位及职务 | | | | 现居住地 | | |
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| 近亲属信息 | | | | | | | | | | | | | | | | |
| 姓名 | | 性别 | | 关系 | | | | | 出生年月 | | 所在单位及职务 | | | 现居住地 | | |
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| 教育信息（从高中时填起） | | | | | | | | | | | | | | | | |
| 起止时间 | | | 学校 | 专业类别 | | | | | | 专业名称 | | 所学主要  课程 | | 学位 | | 培养  方式 |
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| 工作/活动信息 | | | | | | | | | | | | | | | | |
| 开始时间 | | | 结束时间 | | | 单位名称 | | | | 所在部门 | | | | 职位 | | |
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| 本人承诺 | | | | | | | | | | | | | | | | |
| 本人证实上述所填写的各项资料内容的真实性，并无掩饰任何不利于申请此职位之资料。本人与疏勒县人民医院职工（存在）（不存在）夫妻关系、直系血亲关系、三代以内旁系血亲及近姻亲关系，本人自愿承担因隐瞒事实而带来的一切后果。  承诺人（签字）：  年 月 日 | | | | | | | | | | | | | | | | |
| 资格审查意见 | | | | | | | | | | | | | | | | |
| 该同志是否符合招录岗位条件：符合□ 不符合□  疏勒县人民医院招聘领导小组（盖章）  年 月 日 | | | | | | | | | | | | | | | | |