|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件2  南宁市红十字会医院2022年公开招聘工作人员报名登记表 | | | | | | | | | | | | |
| **岗位条件** | | | | | | | | | | | 1寸免冠正面照片 | |
| **单位名称** |  | | | | | | | | | |
| **岗位名称** |  | | | | | | | | | |
| **考生姓名** |  | **性别** | |  | | **民族** | |  | | |
| **证件号码** |  | | | | | | | **出生日期** | | |  | |
| **电子邮箱** |  | | | | | | | **电话号码** | | |  | |
| **通讯地址** | **省（自治区、直辖市）** | | | **市（直辖市辖区、自治区州、盟等）** | | | | **地市辖区（县、市、旗等）** | | | **乡镇、街道详细地址** | |
|  | | |  | | | |  | | |  | |
| **健康状况** |  | | | | | | | **政治面貌** | | |  | |
| **毕业院校** |  | | | | | | | **专业** | | |  | |
| **毕业时间** |  | | | | | | |  | | |  | |
| **学历** |  | | | | | | |  | | |  | |
| **学位** |  | | | | | | |  | | |  | |
| **专业技术资格（职称）** |  | | | | | | | **职（执）业资格** | | |  | |
| **本人人事档案存放单位** |  | | | | | | | | | | | |
| **参加工作**  **时间** |  | | | | **现工作单位及职务** | | | |  | | | |
| **生源地（省、市、县）** |  | | | | | | | | | | | |
| **常驻户口所在地（省、市、县）** |  | | | | | | | | | | | |
| **考前14天居住地（预估）** |  | | | | | | | | | | | |
| **个人学习、工作经历（从高中开始至今，不间断填写）** | **起止时段** | | **学校或工作单位** | | | | | | | **专业或职务** | | **是否全日制就读** |
|  | |  | | | | | | |  | |  |
|  | |  | | | | | | |  | |  |
|  | |  | | | | | | |  | |  |
|  | |  | | | | | | |  | |  |
|  | |  | | | | | | |  | |  |
|  | |  | | | | | | |  | |  |
| **家庭主要成员** | **姓名** | | **与本人关系** | | | | **单位** | | | | | **职务** |
|  | |  | | | |  | | | | |  |
|  | |  | | | |  | | | | |  |
|  | |  | | | |  | | | | |  |
|  | |  | | | |  | | | | |  |
|  | |  | | | |  | | | | |  |
| **本人符合报考岗位需要的其他条件** |  | | | | | | | | | | | |
| **报考人员承诺** | 本人已认真阅读招聘简章与报考条件，承诺遵守考试纪律和疫情防控要求。以上所提供的个人信息及相关证明材料均真实、准确，对提供有关信息、证件不实或违反有关规定造成的后果，本人自愿承担相关责任。  签名（日期）： | | | | | | | | | | | |
| **单位资格审核**  **意见** | **审核人1： 审核人2：** | | | | | | | | | | | |