**附件2：**

2023年金堂县卫生健康局所属事业单位考核招聘卫生专业技术人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 身份证号 | |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  | |  | 照片 |
| 性 别 |  | 出生年月  （岁） | | | | |  | | | | | | | | | 政治  面貌 | | | |  | | | | | |
| 毕业  时间 |  | 毕业院校 | | | | |  | | | | | | | | | 学历 | | | |  | | | | | |
| 学位 |  | 所学专业 | | | | |  | | | | | | | | | 英语  水平 | | | |  | | | | | |
| 报考  单位 |  | | | | | | 报考岗位（代码） | | | | | | | | |  | | | | | | | | | | |
| 现工作单位 |  | | | | | | 现工作职务 | | | | | | | | |  | | | | | | | | | | |
| 户口所在地 |  | | | | | | 档案存放地 | | | | | | | | |  | | | | | | | | | | |
| 家庭详细地址 |  | | | | | | 联系电话 | | | | | | | | |  | | | | | | | | | | |
| 个  人  简  历  （从进大学  时填起） | 起止时间 | | 单位 | | | | | | | | | | | | | 职 务 | | | | | | | | 证明人 | | |
|  | |  | | | | | | | | | | | | |  | | | | | | | |  | | |
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| 何时取得执业资格 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 获奖  情况 | 名 称 | | 发证单位 | | | | | | | | | | | | | 发证时间 | | | | | | | | 奖励层次 | | |
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| 有何  特长 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人承诺 | 本人以上所填内容属实，不含虚假成分，如弄虚作假，造成的损失由本人自行承担。  报考者签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查意见 | **签字：** | | | | | | | | | | | | | | | | | | | | | | | | | |