附件2：

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| **临县2023年度卫健系统事业单位招才引智**  **报名登记表** | | | | | | | | | | |
| **报考单位：** |  |  |  |  |  |  | **报考岗位：** | | | |
| **姓 名** |  | | **性 别** |  | **政治**  **面貌** |  | **出生年月** |  | **贴照片处** | |
| **身份证号** |  | | | | **婚姻**  **状况** |  | **户籍地** |  |
| **身高** |  | | **民族** |  | **执业资格** | |  | |
| **健康状况** |  | | **是否已就业** |  | **工作单位** | |  | |
| **第一学历** |  | **毕业院校及专业** | |  | | | **毕业时间** |  | **学位** |  |
| **最高学历** |  | **毕业院校及专业** | |  | | | **毕业时间** |  | **学位** |  |
| **工作简历** | **起止时间** | | | | **工作单位** | | | | **职 务** | |
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| **奖惩情况** |  | | | | | | | | | |
| **专业职业资格证书情况** |  | | | | | | | | | |
|
| **家庭主 要成员 （父母、配偶及子女）** | **关 系** | | **姓 名** | | **在何地何单位工作（学习）** | | | | **职 务** | |
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| **现居住地址** |  | | | | **通信地址** |  | | **邮编** |  | |
| **联系电话** |  | | | | **备用电话** |  | | **电子邮箱** |  | |
| **本人承诺： 以上填写内容真实准确，如有弄虚作假情况，一经查实，同意单位取消本人聘用资格。** | | | | | | | | | | |
| **应聘人签字：**  **年 月 日** | | | | | | | | | | |