附件2

**河津市人民医院**

**2024年公开招聘聘用制人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | 身份证号 | |  |  |  |  |  | |  |  | |  |  |  |  |  | | |  |  | |  |  | |  |  |  |
| 性 别 |  | | | 政治面貌 | |  | | | | | | 学历 | | | | | | | | |  | | | | | | | | | **照 片** |
| 所学专业 |  | | | 毕业院校及时间 | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 资格取得时间 | |  | | | | | | | | | 执业证书编号 | | | | | | | | | | |  | | | | | | | | |
| 原工作单位 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 籍贯 | |  | | | | | | | | | 现住址 | | | | | | | | |  | | | | | | | | | | |
| 报考类别 | |  | | | 身高 | | | | | |  | | | | | | | | | 联系电话 | | | | | | |  | | | |
| **身份证复印件粘贴** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审 核 人 签 字 | | | 年 月 日 | | | | | | | | | | | 纪  检  意  见 | | | | | | | | | | 年 月 日 | | | | | | |