附件2

**2024年10月宝应县卫生健康系统事业单位公开招聘**

**备案制专业技术人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | |  | | 性别 | |  | | 民族 | | |  | | 出生  年月 |  | |  | |
| 身份证号 | | | |  | | | | | | | | | | | | |
| 政治  面貌 |  | | | | 学历 | |  | | | | | 毕业  时间 | |  | | |
| 学位 | |  | | | | |
| 毕业  院校 |  | | | | | | | | | | 所学  专业 | |  | | | |
| 报考单位名称 |  | | | | | 岗位代码 | |  | | | 执业  资格 | |  | | | | 生源地 |  |
| 家庭  地址 |  | | | | | | | | | | | | | | 手机 | |  | |
| QQ | |  | |
| 联系方式务必保持畅通，否则后果自负 | | | |
| 个  人  简  历 | |  | | | | | | | | | | | | | | | | |
| 家庭成员 | | 姓名 | | | | 关系 | | | | 所在单位 | | | | | | 职务 | | |
|  | | | |  | | | |  | | | | | |  | | |
| 奖惩情况 | |  | | | | | | | | | | | | | | | | |
| 本人特长 | |  | | | | | | | | | | | | | | | | |
| 资格审查 | | 审查人： 年 月 日 | | | | | | | | | | | | | | | | |
| 备注 | |  | | | | | | | | | | | | | | | | |

填表人签字：