附件2：

**柴桑区总医院自聘编外卫生专业技术人员招聘报名表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | | |  | | **性别** | | |  | | **民族** | |  | | | 上传电子照片 |
| **出生年月** | | |  | | | | **政治面貌** | | |  | | **籍贯** | |  |
| **身份证号码** | | | |  | | | | | | **职称** | |  | | |
| **联系电话** | | | |  | | | | | **健康状况** | | |  | | |
| **学历** | | **全日制** | | |  | | | | **毕业时间、**  **院校、专业** | | |  | | | |
| **非全日制** | | |  | | | | **毕业时间、**  **院校、专业** | | |  | | | |
| **报考岗位序号** | | | | |  | | | | | | **取得执业证及资格证名称** | | |  | |
| 简  历 | 起止时间 | | | | | 学习/工作单位经历 | | | | | | | 专业/职位 | | |
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| 本人自愿报名参加招聘，遵守招聘的各项规定以及纪律要求，诚实守信报考，并承诺保证所填写资料真实。不无故放弃资格，若有违反，愿按照规定接受处理。      签名：                   2025年   月   日 | | | | | | | | | | | | | | | |