附件2

宁远县2025年卫健系统引进第二批急需紧缺专业人才

报 名 表

报考单位： 报考职位： 职位代码：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 | |  | | | | | | | 性别 | | | |  | | | | 出生年月 | | | | | | | |  | | | | | | | | | | 照片 | |
| 政治面貌 | |  | | | | | | 籍贯 | | | |  | | | | | | | | | | 出生地 | | | | | | | |  | | | | |
| 身份证号 | |  |  | | |  |  |  | |  | |  | |  | |  | | | |  |  | |  | | | |  |  | | |  |  |  |  |
| 参加工作 年月 | |  | | | | | | | 人事档案保管单位 | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 专业技术职务（职称） | | | |  | | | | | | | | | | | | | | | | | | | | 健康状况 | | | | |  | | | | | |
| 第一学历毕业院校及专业 | | | |  | | | | | | | | | | | | | | | | | | | | 学历层次 | | | | |  | | | | | | 学位 |  |
| 最高学历毕业院校及专业 | | | |  | | | | | | | | | | | | | | | | | | | | 学历层次 | | | | |  | | | | | | 学位 |  |
| 联系方式 | 通信地址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 邮编 | |  | |
| 家庭住址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 电子信箱 | | |  | | | | | | | | | | | 手机 | | | |  | | | | | | | | | | | | | | 固定电话 | |  | |
| 学习经历（自高中起填写） | （按起始时间、毕业学校、专业、学历及学位顺序填写，可注明期间担任的主要职务） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作经历 | （按起始时间、工作单位、岗位、担任职务顺序填写） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员及  重要社会关系 | 称谓 | | | | 姓名 | | | | | | 出生年月 | | | | | | | 政治面貌 | | | | | | | | 工作单位及职务 | | | | | | | | | | |
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|  | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | |
| 本人承诺 | **本报名表所填写的信息准确无误，所提交的证件、资料、照片真实有效，若有虚假，所产生的一切后果由本人承担。**  报名人（签名）：    年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 用人单位  资格初审意见 | （盖章）    年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 县卫健局、县人社局  资格复审意见 | （盖章）    年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

本报名表双面打印，一式一份。