附件2

江安县总医院

2025年第二次招聘员额制人员报名信息表

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | 性 别 |  | | | 民族 | |  | |  |
| 出生  年月 | |  | | 参加工  作时间 |  | | | 政治  面貌 | | 团员 | |
| 学历 | |  | | 毕业学校  及专业 | |  | | | | | |
| 现居住地 | | | |  | | | | | | | | |
| 身份证号码 | | | |  | | | | | | | | |
| 报考单位 | | |  | | | | | | 报考岗位 | | |  |
| 联系电话1 | | |  | | | | 联系电话2 | | | |  | |
| 本人简历 |  | | | | | | | | | | | |
| 家关庭系成工员作及单主位要及社职会务 |  | | | | | | | | | | | |