**附件2**

**2024年金堂县卫生健康局所属事业单位**

**公开引进高层次卫生人才报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 身份证号 | |  |  |  | |  |  |  |  |  |  |  |  | | |  |  |  | |  |  |  |  | 照片 |
| 性 别 |  | 出生年月  （岁） | | | | |  | | | | | | | | | | 政治  面貌 | | | |  | | | | |
| 民族 |  | 毕业院校 | | | | |  | | | | | | | | | | 学历 | | | |  | | | | |
| 毕业时间 |  | 所学专业 | | | | |  | | | | | | | | | | 学位 | | | |  | | | | |
| 报考  单位 |  | | | | | | 报考岗位（代码） | | | | | | | | | |  | | | | | | | | | |
| 现工作单位 |  | | | | | | 现工作职务 | | | | | | | | | |  | | | | | | | | | |
| 户口所在地 |  | | | | | | 档案存放地 | | | | | | | | | |  | | | | | | | | | |
| 家庭详细地址 |  | | | | | | 联系电话 | | | | | | | | | |  | | | | | | | | | |
| 个人  简历  （从进大学  时填起，工作经历） | 起止时间 | | 单位 | | | | | | | | | | | | | | 职 务 | | | | | | | | 证明人 | |
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| 专业技术 资格证情况 |  | | | | | | | | | | | | | | | 规培情况 | | | | | | | | |  | |
| 获奖  情况 | 名 称 | | 发证单位 | | | | | | | | | | | | | | 发证时间 | | | | | | | | 奖励层次 | |
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| 有何  特长 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人承诺 | 本人以上所填内容属实，不含虚假成分，如弄虚作假，造成的损失由本人自行承担。  报考者签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查意见 | **签字：** | | | | | | | | | | | | | | | | | | | | | | | | | |