附件2：

水城区妇幼保健院招聘编外人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | 性别 | | |  | | | | | 民族 | | | | | |  | | | | 1寸彩色、白底  照片 |
| 身份证号 | |  | | | | | | 出生日期 | | | | | | | |  | | | | | | |
| 政治面貌 | |  | | | | | | 籍贯 | | | | | | | |  | | | | | | |
| 学历 | |  | | | 学位 | | |  | | | | 毕业时间 | | | | | | | |  | | |
| 所学专业具体名称 | | |  | | | | | | | 毕业院校 | | | |  | | | | | | | | |
| 工作单位 | |  | | | | | 工作年限 | | | |  | | | | | | 参加工作时间 | | | | |  | |
| 专业技术职称 | | | |  | | | | | | | | | | | | | | | | | | | |
| 资格证 | | | |  | | | | | | | | | | | 执业证  及范围 | | | | | |  | | |
| 是否满足该职位要求的其它报考条件 | | | | | | | | |  | | | | | | 联系电话 | | | | | |  | | |
| 主要工作简历 | | |  | | | | | | | | | | | | | | | | | | | | |
| 报考岗位 | | |  | | | | | | | | | | | | | | | | | | | | |
| 户籍所在地 | | |  | | | | | | | | | | | | | | | | | | | | |
| 报考信息确认栏 | | | 以上填写信息均为本人真实情况，若有虚假、遗漏、错误，责任自负。  考生签名： | | | | | | | | | | | | | | | | | | | | |
| 原  单  位  意  见 | 年 月 日（盖章） | | | | | 招聘单位初审意见 | | | 审查人签字：  年 月 日（盖章） | | | | | | | | | 招聘  单位  复审  意见 | | | 审查人签字：  年 月 日（盖章） | | |

注：请用正楷字填写，涂改无效。