附件2

**内江市妇幼保健院招聘编外人员报名表**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 姓  名 |  | 性  别 |  | | 民   族 | |  |
| 出生年月 |  | 籍  贯 |  | | 健康状况 | |  |
| 政治面貌 |  | 参工时间 |  | | 推荐或自荐 | |  |
| 学  历 |  | 学  位 |  | | 是否全日制 | |  |
| 现任职称 |  | | | | 任职时间 | |  |
| 毕业院校及 专 业 |  | | | | | | |
| 申报岗位门 |  | | | | 拟聘科室 | |  |
| 个 人  简 历 |  | | | | | | |
| 培 训  经 历 |  | | | | | | |
| 填表时间 |  | | | 联系电话 | |  | |
|  |  |  |  |  |  |  |  |