**市第二人民医院工作人员公开自主招聘报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | 性别 |  | | | 政治面貌 | | | |  | 2寸白底免冠近照 | |
| 出生年月 | | |  | | 民族 |  | | | 身体状况 | | | |  |
| 何时取得何执业资格 | | | | |  | | | | | | | | |
| 籍贯 | | |  | | 现居住地址 | | |  | | | | | | | |
| 第一学历 | | |  | | 毕业学校及专业 | | | | |  | | | | | |
| 最高学历 | | |  | | 毕业学校及专业 | | | | |  | | | | | |
| 身份证号 | | |  | | | | 联系电话 | | | | |  | | | |
| 现工作单位及工作岗位 | | | |  | | | | | | | 是否具有规培结业证 | | | |  |
| 工  作  经  历 | |  | | | | | | | | | | | | | |
| 奖惩情况(含论文、课题等业绩） | |  | | | | | | | | | | | | | |
| 爱好及特长 | |  | | | | | | | | | | | | | |
| 报考岗位 | | | | | | |  | | | | | | | | |
| 是否接受调剂 | | | | | | | 🞎是 🞎否 | | | | | | | | |