附件2:

宿州市第二人民医院公开招聘报名登记表

**应聘岗位：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | **性别** |  | **民族** |  | | **政治面貌** | | |  | 照 片 |
| **婚姻状况** |  | | **身份证号** |  | | | | | | | |
| **参加工作时间** |  | | **学历** |  | | | **学位** | | |  | |
| **毕业时间** |  | | **毕业院校** |  | | | | | | | |
| **所学专业** |  | | | | | | **联系电话** | | |  | | |
| **户籍所在地** |  | | | | | | **现住址** | | |  | | |
| **职称或**  **资格证书** |  | | | | | | | | | | | |
| **学习及**  **工作经历**  **（从高中填起）** |  | | | | | | | | | | | |
| **科研项目及发表论文、获奖、等情况** |  | | | | | | | | | | | |
| **家庭主要成员及**  **重要社会关系** | **关系** | **姓名** | | **年龄** | **政治面貌** | | | | **工作单位及职务** | | | |
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| 承诺 | **本人保证以上信息真实！若有虚假，同意取消本人录用资格。**  **签字：**  **年 月 日** | | | | | | | | | | | |

注：已婚者，请填写父母、配偶、子女等信息；未婚者，请填写父母、兄弟姊妹等信息。