**附件2：**

**金桥社区卫生服务中心**

**2023年公开招聘工作人员报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** | |  | **民族** |  | | | **籍贯** |  | | | **相片** | |
| **出生年月** |  | **政治面貌** | |  | **婚否** |  | | | **身高** |  | | |
| **职称** |  | | | **职业资格证书** | | | |  | | | | |
| **最高学历** |  | **最高学位** | |  | **所学**  **专业** |  | | | **毕业学校及时间** | |  | |  | |
| **应聘**  **岗位** |  | | | | **联系**  **电话** |  | | | **身份证号** | | |  | | |
| **个人学习工作简历** |  | | | | | | | | | | | | | |
| **科研情况** |  | | | | | | | | | | | | | |
| **获奖情况** |  | | | | | | | | | | | | | |
| **个人特长** |  | | | | | | | | | | | | | |
| **家庭**  **主要**  **成员** | **称谓** | | **姓名** | | **年龄** | **政治面貌** | **工作单位** | | | | | | | **职务** |
|  | |  | |  |  |  | | | | | | |  |
|  | |  | |  |  |  | | | | | | |  |
|  | |  | |  |  |  | | | | | | |  |
| **本人对以上内容的真实性、准确性和合法性负责，如有虚假，愿意承担一切责任。**  **签名：**  **年 月 日** | | | | | | | | | | | | | | |