附件2

重庆市黔江中心医院招聘工作人员报名表

报考岗位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | 性 别 | |  | | | | | | 民 族 | |  | | | 近期2寸  照片 | | | | | | |
| 出生年月 |  | | | | | 籍 贯 | |  | | | | | | 政 治  面 貌 | |  | | |
| 爱好、特长 |  | | | | | | | | | | | | | 婚 姻  状 况 | |  | | |
| 健康状况 |  | | | | | | | | | | | | | 身 高 | |  | | |
| 学 历  （学 位） | | | | | 毕业院校  及毕业时间 | | | | |  | | | | | | | | |
| 所学专业及取得的学位 | | | | |  | | | | | | | | |
| 身份证号 |  |  | |  |  | |  | |  |  | |  |  | |  |  |  |  |  | |  | |  |  |  |
| 本人工作  学习简历 |  | | | | | | | | |  | | | | | | | |  | | | | | | | |
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| 联系方式 | 通信  地址 | | 邮编： | | | | | | | | | | | | | | | | | | | | | | |
| 电子  邮件 | |  | | | | | | | | 手机 | | |  | | | | | | 座机 | |  | | | |
| 职称、执业资格证书、职业证书 |  | | | | | | | | | | | | | 取得  时间 | |  | | | | | | | | | |
| 应聘人员  签 名 | 本人确认自己符合拟报考岗位所需的资格条件，无规定的不属于招聘范围的情形，所提供的材料真实、有效，如经审查不符，承诺自动放弃考试和聘用资格。  应聘人：  年 月   日 | | | | | | | | | | | | | 资格  审查  意见 | | 审查人签字:  审核日期： 年 月 日 | | | | | | | | | |

填表说明：

1.请仔细阅读，认真填写；2.报考人员应如实准确填报各项报名信息，报名者对所提供材料的真实性、有效性负责。