附件2：

**中江县中医医院招聘工作人员报名表**

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| 姓名 |  | | | | 性别 | | | |  | | | | 出生  年月 | | | |  | | | | | 2寸照片 | | | | | | |
| 民族 |  | | | | 政治  面貌 | | | |  | | | | 学历  类别 | | | |  | | | | |
| 学历 |  | | | | 学位 | | | |  | | | | 毕业  时间 | | | |  | | | | |
| 毕业  院校 |  | | | | | | | | | | | | 联  系  电  话 | | | | 移动电话 | | | | |  | | | | | | |
| 专业 |  | | | | | | | | | | | | 固定电话 | | | | |  | | | | | | |
| 户口所在地 | | | | | | | 省(区、市) 市(地、州) 县(市、区) 镇  乡（街道） 村（门牌、小区） | | | | | | | | | | | | | | | | | | | | | |
| 公民身份号码 |  |  | |  | |  | |  |  | |  |  | |  | |  | |  |  | |  | |  |  | |  |  |  |
| 通讯  地址 |  | | | | | | | | | | | | | | 邮政编码 | | | | |  | | | | | | | | |
| 家庭  地址 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人  简历  (始于  高中) |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩情况 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 获得过何种证书、有何特长 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家  庭  成  员  情  况 | | | 姓名 | | | | | | | 与本人关系 | | | | | | 工作单位 | | | | | | | | | 职务 | | | |
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| 报名岗位 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |

说明：1.报考者须认真阅读说明后如实填写。报考者隐瞒有关情况或者提供虚假材料的，招聘单位有权取消其资格，所造成的一切后果由报考者本人承担。

2.“学历类别”指普通高等学校、成人高等教育、高等教育自学考试等。

3.本表一式一份，双面印制。