附件2

**2023年临海市医疗产业发展有限公司招聘报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | **性别** | | |  | | **出生年月** | |  | 照  片 |
| **政治面貌** |  | | **民族** | | |  | | **籍贯** | |  |
| **户籍**  **所在地** |  | | **身份证**  **号码** | | |  | | | | |
| **专业技术职称** |  | | **参加**  **工作时间** | | |  | | **熟悉专业**  **特长** | |  |
| **学历** | **全日制教育** | |  | | | **毕业院校及专业** | | | |  | |
| **在职教育** | |  | | | **毕业院校及专业** | | | |  | |
| **家庭住址** |  | | | | | | | | | **联系电话** |  |
| **学习简历（从高中填起）** | **起止时间** | | | **学校及专业** | | | | | | | **证明人** |
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| **工作简历** | **起止时间** | | | **单位及职务** | | | | | | | **证明人** |
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| **培训情况** |  | | | | | | | | | | |
| **家**  **庭**  **主**  **要**  **成**  **员** | **姓名** | **称谓** | | | **出生年月** | | **政治面貌** | | **工作单位及职务** | | |
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| **承诺** | **本人同意招聘公告有关规定，上述表格所填内容无虚假、夸大之处，且未隐瞒对我应聘不利的事实或情况，如有虚报，我愿承担相应的责任。**  **承诺人： 年 月 日** | | | | | | | | | | |

报考岗位：