附件2

成都市公共卫生临床医疗中心

2023年公开考核招聘人员报名表

流水号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本**  **情况** | 姓名 |  | | | | | | | | | | | | | | 性别 | | | | |  | | | | | | （贴照片处） |
| 民族 |  | | | 出生年月 | | | |  | | | | | | | 政治面貌 | | | | |  | | | | | |
| 身份证号 |  |  |  | |  |  |  | |  |  |  |  | |  | |  | |  |  | |  |  | |  |  |
| **报名**  **情况** | 报考职位 |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **教育**  **情况** | 最高学历 |  | | | | | 毕业时间 | | | |  | | | | | | | 专业名称 | | | | | |  | | | |
| 毕业院校 |  | | | | | | | | | | | | | | | | 研究方向 | | | | | |  | | | |
| 外语水平 |  | | | | | 计算机水平 | | | |  | | | | | | | 发表论文 | | | | | | 篇 | | | |
| 本科学历 |  | | | | | 毕业时间 | | | |  | | | | | | | 专业名称 | | | | | |  | | | |
| 毕业院校 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **工作**  **情况** | 工作单位  名称 |  | | | | | | | | | | | | | | | | 职称/职务 | | | | | |  | | | |
| 工作概况 |  | | | | | | | | | | | | | | | | 工作时间 | | | | | |  | | | |
| 主要业绩 | | | | | |  | | | |
| 通讯地址 | |  | | | | | | | | | | | | | | | | 联系电话 | | | | | |  | | | |
| 本人保证所提交信息的真实性、合法性。承担因填写不实而产生的一切后果。  **本人确认签字： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **审查意见** | 初审意见  印章  年　　月　　日 | | | | | | | | | | | | | 复审意见  印章  年　　月　　日 | | | | | | | | | | | | | |