附件:2

临高县人民医院“百万薪酬”公开招聘学科带头人报名表

报考岗位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | 身份证  号 |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | 免冠  一寸彩照 |
| 户口  所在地 | |  | | 民族 |  | | | | | 性别 | | |  | | | | 政治  面貌 | | | |  | | | |
| 最高  学历 | | 全日制教育 | |  | | | | | | 毕业时间 | | | | | |  | | | | | | | | |
| 任职教育 | |  | | | | | |
| 参加工作  时间 | |  | | 健康  情况 |  | | | | | 专业技  术职称 | | | | | |  | | | | | | | | | |
| 联系  地址 | |  | | | | | | | | | | | | | | 固定电话 | | | | | |  | | | |
| 挪动电话 | | | | | |  | | | |
| E-mail | |  | | | | | | | | | | | | | | 邮编 | | | | | |  | | | |
| 最高学历毕  业院校 | | |  | | | | | | | | | | | | | 所学专业 | | | | | |  | | | |
| 现工作单位 | | |  | | | | | | | | | | | | | 工作职务 | | | | | |  | | | |
| 个  人  简  历 |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 自己申明：上述填写内容真实完好。若有不实，自己愿担当全部法律责任。  申请人（署名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报审  核查  单意  位见 | 年 月 日 | | | | | | | 身  份  证  复  印  件  粘  贴  处 | | | |  | | | | | | | | | | | | | |