附件2

衢州市市直卫生健康单位公开招聘工作人员资格复审表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | 身份  证号 |  |  |  |  |  | |  | | |  |  |  | |  | |  |  |  |  |  |  | |  |  | | 贴  一  寸  近  照 | |
| 民 族 |  | | 政治  面貌 |  | | | | | | | 学 历 | | | | | | |  | | | | | | | | | | |
| 户口所在地或毕业生生源地 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 所学  专业 | |  | | 毕业院校 | | | | | | | |  | | | | | | | | | | | | | | | | |
| 联系  电话 | |  | | 是否普通高校  应届生 | | | | | | | | | |  | | | | | | | | 是否定向培养 | | | | | |  | | |
| 报考  单位 | |  | | | | | | | 报考岗位 | | | | | | | | |  | | | | | | | 岗位代码 | | | | |  |
| 现工作  单位 | |  | | | | | | | 职 称 | | | | | | | | |  | | | | | | | | | | | | |
| 通讯  地址 | |  | | | | | | | 邮政编码 | | | | | | | | |  | | | | | | | | | | | | |
| 工  作  (或  学  习)  简  历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人  承诺  愿意  高职  低聘 | 签名： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 用  人  单  位  初  审  意  见 | （盖章）  年 月 日 | | | | | | | | 主管 部门  审核  意见 | | | | | | | （盖章）  年 月 日 | | | | | | | | | | | | | | |