附件2：

2024年宁波市江北区卫生健康系统公开

招聘事业编制社会考生报名表

报考单位： 报考岗位： 专业：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | 身份证号 |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  | 近期免冠  一寸彩照 | |
| 性 别 |  | | 户 籍 |  | | | | | 民族 | | | |  | | | 政治面貌 | | | | |  | | | |
| 初始学历 |  | | 毕业  时间 |  | | | | | 毕业院校  及专业 | | | | | | |  | | | | | | | | |
| 最高学历 |  | | 毕业  时间 |  | | | | | 毕业院校  及专业 | | | | | | |  | | | | | | | | | | |
| 参加工作  时间 |  | | 健康  状况 |  | | | | | 专业技术职称 | | | | | | |  | | | | | | | 取得  时间 | | |  |
| 现工作  单 位 |  | | | | | | | | 是否  在编 | | |  | | | | 现任职务  及任职时间 | | | | | | |  | | | |
| 医院等级 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联系地址 |  | | | | | | | | | | | | | | | 联系电话 | | | | | | |  | | | |
| 个  人  简  历 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭  主要  成员  及  重要  社会  关系 | 与本人 关系 | 姓名 | | | | 出生年月 | | | | | | 政治面貌 | | | | | | 工作单位及职务 | | | | | | | | |
| 配偶 |  | | | |  | | | | | |  | | | | | |  | | | | | | | | |
| 子女 |  | | | |  | | | | | |  | | | | | |  | | | | | | | | |
| 父亲 |  | | | |  | | | | | |  | | | | | |  | | | | | | | | |
| 母亲 |  | | | |  | | | | | |  | | | | | |  | | | | | | | | |
| 配偶父亲 |  | | | |  | | | | | |  | | | | | |  | | | | | | | | |
| 配偶母亲 |  | | | |  | | | | | |  | | | | | |  | | | | | | | | |

本人声明：上述填写内容真实完整。如有不实，本人愿承担一切责任。

申请人（签名）： 年 月 日