附件2

**公开招聘县级公立医院员额人员报考信息表**

招聘岗位：　　　 　 岗位编码：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 | |  | 身份  证号 |  |  |  |  | |  |  | |  |  |  | |  |  |  |  |  |  |  | |  |  | 近期免冠  两寸彩照 | | |
| 户 口  所在地 | |  | 性别 |  | | | | | 民族 | | | |  | | | | 政治  面貌 | | |  | | | | | |
| 学历 | | 普通高校 |  | | | | | | 学位 | | | | | |  | | | | | | | | | | |
| 成人高校 |  | | | | | |  | | | | | | | | | | |
| 毕业院校 | | |  | | | | | | | | | | | | 所学专业 | | | | | | | |  | | | | | |
| 参加工  作时间 | |  | 健康  状况 |  | | | | | 专业技术职务任职资格 | | | | | |  | | | | | | | | 执业资格 | | | |  | |
| 联系  地址 | |  | | | | | | | | | | | | | 固定电话 | | | | | | | |  | | | | | |
| 移动电话 | | | | | | | |  | | | | | |
| E-mail | |  | | | | | | | | | | | | | 邮政编码 | | | | | | | |  | | | | | |
| 现工作单位 | | |  | | | | | | | | | | | | 职 务 | | | | | | | |  | | | | | |
| 个  人  简  历 | 起止年月 | | 所在单位名称 | | | | | | | | | | | | 职 务 | | | | | | | | 证 明 人 | | | | | 备 注 |
| - | |  | | | | | | | | | | | |  | | | | | | | |  | | | | |  |
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| - | |  | | | | | | | | | | | |  | | | | | | | |  | | | | |  |
| 本人声明：上述填写内容真实完整。如有不实，本人愿承担全部责任。  报考人签名：　　　　　　　　　　　　　　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格  审查  意见 | | 经办人（签字）:  年　　月　　日 | | | | | | 身份证复印件粘贴处 | | |  | | | | | | | | | | | | | | | | | |

**备注：本表一式两份，请打印或工整填写；招聘期间请保持通讯畅通，不要变更所留电话。**