**附件2**

广西壮族自治区职业病防治研究院 (广西壮族自治区工人医院)2024年度公开招聘实名编制工作人员

报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | 性别 | | |  | | | | | 出生年月 | | | | | |  | | | | 民族 | | |  | | 二 寸 彩 照 | |
| 籍 贯 |  | | | | 政治面貌 | | | | | |  | | | | | 联系电话 | | | | |  | | | | | |
| 参加工作时间 | | | 年 月 | | | | | | | | | | 是否服从科室调配 | | | | | | | | 是□ 否□ | | | | | |
| 身份证号 |  | | | | | | | | | 现住址 | | | |  | | | | | | | | | | | | |
| 现工作单位 | | |  | | | | | | | | | | | 编制情况 | | | | | | 在编□ 非编□ | | | | | | |
| 单位等级（公立医院填写） | | | | |  | | | | | | | | | 非公立医院□ | | | | | | |
| 报名专业（与毕业证相符） | | | | |  | | | | | | | | | | | | | | 报考岗位 | | | | |  | | | | |
| 当前职称 | | | | |  | | | | | | | | | | | | | | 职称聘任时间（聘文为准） | | | | |  | | | | |
| 学习经历  （第一学历起） | | 学历学位 | | | | 毕业年月 | | | | | 是否全日制 | | | | 学校 | | | | | | | | | | | 专业 | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作经历  （从高等学校毕业后第一份工作起连贯填写至今，中间有待业的也需写明起止时间，最后一条工作经历须以至今结尾） | | 起止年月 | | | | | | 工作单位 | | | | | | | | | | | | | | | 科室/部门 | | | | | 岗位/职务 |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 近2年年度  考核结果 | | 2022年： 2023年： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 职业技能与特长  （有证书的提供相应证书） | | 技能名称 | | | | | | | | | | | | | 技能描述 | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 特长名称 | | | | | | | | | | | | | 特长描述 | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 家庭  关系（含配偶、子女、父母、兄弟姐妹等近亲属） | | 称谓 | | | | | | | 姓名 | | | | | | | | 工作单位及职务 | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | |  | | | | | | | | | | | |
| **郑重申明** | | **本人保证以上所填内容属实，如有虚假，一切后果愿意自负。**  **签名： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | |

（如内容较多，请双面打印）