附件2

濉溪县中医医院2024年公开招聘专业技术人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本情况** | 姓名 |  | | | | | | | | | | | | | | 性别 | | | |  | | | | | （贴照片处） |
| 民族 |  | | | 出生年月 | | | |  | | | | | | | 政治面貌 | | | |  | | | | |
| 身份证号 |  |  |  | |  |  |  |  |  |  | |  |  | |  |  | |  |  |  |  | |  |
| 家庭住址 |  | | | | | | | | | | 联系电话 | | | | | |  | | | | | | |
| **报名情**  **况** | 报考岗位 |  | | | | | | | | | | 毕业院校毕业时间及专业 | | | | | |  | | | | | | | |
| 现有资格 |  | | | | | | | | | | | | 现有资格取得时间 | | | | | | | | |  | | |
| **教育情况** | （从初中填起） | | | | | | | | | | | | | | | | | | | | | | | | |
| **其他信息** | 原工作  单位 |  | | | | | | | | | | | | 参加工作时间 | | | | | | | | |  | | |
| 通讯地址 |  | | | | | | | | | | | | 联系电话 | | | | | | | | |  | | |
| **诚信承诺** | **本报名表所填写的信息准确无误，所提交的证件、资料和照片真实有效，若有虚假，所产生的一切后果由本人承担。**  **本人确认签字： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | |
| **审查意见** | 医院人事部门审查意见  签 字：  年　　月　　日 | | | | | | | | | | | | | | 医院招聘领导小组审核意见  签 字：  年　　月　　日 | | | | | | | | | | |