附件2

**佛山市禅城区人民医院康复医院自主招聘工作人员**

**报名表**

年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓　名 | |  | | | 性　 别 | | | |  | | | | | | 出生年月 | | | | | |  | | | | | |  | | | | | | |
| 籍　贯 | |  | | | 户 籍 | | | |  | | | | | | 参加党派 | | | | | |  | | | | | |
| 学 历 | |  | | | 学 位 | | | |  | | | | | | 是否国家  任务生 | | | | | |  | | | | | |
| 参加工作时间 | |  | | | 专业技术职务 | | | |  | | | | | | 聘任时间 | | | | | |  | | | | | |
| 毕业学校及专业 | |  | | | | | | | | | | | | | | | | | | | | | | | | | 婚否 | | |  | | | |
| 现工作单位  及职务 | |  | | | | | | | | | | | | | | | | | | | | | | | | | 民族 | | |  | | | |
| 报考单位及职位 | | 佛山市禅城区人民医院康复医院 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位电话 | |  | | | | 住宅电话 | |  | | | | | | | | 手　机 | | | | | |  | | | | | | | | | | | |
| 详细通讯地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 邮　编 | |  | | | | 身份证号码 | |  | |  |  |  |  |  | | |  |  |  |  | | |  |  |  |  | |  |  | |  |  |
| 学习简历  （高中开始） | 起止时间 | | 所在院校、所学专业及担任职务 | | | | | | | | | | | | | | | | | | | | | | | 毕（结、肄）业 | | | | | | | |
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| 工作经历 | 起止时间 | | 在何地、何单位从事何种工作 | | | | | | | | | | | | | | | | | | | | | | | 任何职务 | | | | | | | |
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| 家庭成员及  社会关系 | 姓 名 | | 性别 | 年龄 | | | 与本人关系 | | | 工作单位及职务、联系电话 | | | | | | | | | | | | | | | | 学历 | | | | 政 治  面 目 | | | |
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| 审  核  意  见 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：1、此表要求一式两份。

2、在表的右上角指定位置贴小一寸相片一张，另交一张同版相片给报考单位。

3、此表填写内容必须真实，否则取消资格。