**附件2**

**秀山自治县妇女儿童医院公开招聘临时聘用专技人员报名表**

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| 姓  名 |  | | | | | 性别 | |  | | | | | | 民族 | | |  | | | | | 近期1寸  照片 | | | |
| 出生年月 |  | | | | | 籍贯 | |  | | | | | | 政治面貌 | | |  | | | | |
| 职称、执业资格证书、职业证书 |  | | | | | | | | | | | | | 婚姻状况 | | |  | | | | |
| 联系电话 |  | | | | | | | | | | | | | 报考岗位 | | |  | | | | |
| 学历  （学位） | | | | | | | 毕业院校  及毕业时间 | | | | |  | | | | | | | | | | | | | |
| 所学专业及取得的学位 | | | | |  | | | | | | | | | | | | | |
| 身份证号 |  |  |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  | |  |  |  |
| 本人工作学习简历 | **时间** | | | | | | | | | | **单位** | | | | | | | | **岗位** | | | | | | |
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| 联系方式 | 称谓 | | | 姓名 | | | | | | 年龄 | | | | 政治面貌 | | | 工作单位 | | | | | | | | |
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|  | | |  | | | | | |  | | | |  | | |  | | | | | | | | |
| 应聘人员  签 名 | 本人确认自己符合拟报考岗位所需的资格条件，无规定的不属于招聘范围的情形，所提供的材料真实、有效，如经审查不符，承诺自动放弃考试和聘用资格。  应聘人：  年 月 日 | | | | | | | | | | | | | 资格  审查  意见 | | | 审查人签字:  审核日期： 年 月 日 | | | | | | | | |

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填表说明：

1.请仔细阅读，认真填写；2.报考人员应如实准确填报各项报名信息，报名者对所提供材料的真实性、有效性负责。