附件2

金堂县第四人民医院招聘编外人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 |  | 身份证号 | |  |  |  |  | |  |  |  |  |  | |  |  | |  |  |  | |  |  |  | |  | 照片 | |
| 性 别 |  | 出生年月  （岁） | | | | | |  | | | | | | 政治  面貌 | | | | | | |  | | | | | | |  |
| 学历、学位 | 全日制  教 育 |  | | | | | | 毕业院校系及专业 | | | | | |  | | | | | | | | | | | | | |
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| 在 职  教 育 |  | | | | | | 毕业院校系及专业 | | | | | |  | | | | | | | | | | | | | |
| 报考  单位、岗位 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现工作单位 |  | | | | 现工作职务 | | | | | | | | | | | |  | | | | | | | | | | | |
| 户口所在地 |  | | | | 联系电话 | | | | | | | | | | | |  | | | | | | | | | | | |
| 家庭详细地址 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个  人  简  历  （从进大学  时填起） | 起止时间 | | 单位 | | | | | | | | | | | | | | 职 务 | | | | | | | | 证明人 | | | |
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| 何时取得执业资格 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 获奖  情况 | 名 称 | | 发证单位 | | | | | | | | | | | | | | 发证时间 | | | | | | | | 奖励层次 | | | |
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| 有何  特长 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人承诺 | 本人以上所填内容属实，不含虚假成分，如弄虚作假，造成的损失由本人自行承担。  **报考者签名：** 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查意见 | **签字：** | | | | | | | | | | | | | | | | | | | | | | | | | | | |