附件2

通山县县级公立医院招聘编外专业技术

人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | 报考岗位 | | |  | | | | | | | | | | | | | | | | | | | | | 1寸免冠照片 | |
| 民族 |  | | | 身份证号 | | |  |  | |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |
| 性别 |  | | 户籍所在地 | |  | | | | 政治面貌 | | |  | | | | | 联系电话 | | |  | | | | | | | |
| 职业资格名称 | |  | | | | | | | 职称等级 | | | | | |  | | | | | | | | | | | | |
| 毕业院校及所学专业 | | | |  | | | | | | | | | | | | | | | | | | | | | | 学历 | | |  |
| 现工作单位及职务 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人简历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭  主要  成员 | 姓 名 | | | | | 称 谓 | | | | | | | 工 作 单 位 | | | | | | | | | | | | | 职 务 | | | |
|  | | | | |  | | | | | | |  | | | | | | | | | | | | |  | | | |
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| 本人声明 | **我以上填写的内容真实完整，如有不实，本人愿承担一切法律责任。**  签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格  审查  意见 | 用人单位意见（盖章）  　　　　年　月　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**备注：为方便广大考生网上报名，资格审查意见由资格审查工作人员根据招聘岗位的资格条件，对网上报考人员提供的有关证件及材料进行资格审查后盖章。考生可同步登录报名系统查询线上资格审查结果，不需要到相关部门签字盖章。**