**附件2**

自贡市贡井区中医医院应聘报名表

**考生签名： （请如实详尽真实准确地填报）**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | |  | | | | **应聘岗位** | |  | | | **照片** |
| **性别** | |  | | | **年龄** |  | **出生年月** | |  | |
| **民族** | |  | | | **身高** |  | **籍贯** | |  | |
| **身份证号码** | | | |  | | | **政治面貌** | |  | |
| **毕业时间** | | | |  | | **学历** |  | | **学位** |  |
| **毕业院校及专业** | | | |  | | | | | | | |
| **是否属在职人员** | | | |  | | | **工作年限** | |  | | |
| **职称** | | | |  | | **执业资格** |  | | **任职年限** | |  |
| **联系电话** | | | |  | | | | | **邮编** |  | |
| **通讯地址** | | | |  | | | | | **备注** |  | |
| **本人教育经历** |  | | | | | | | | | | |
| **本人工作经历** |  | | | | | | | | | | |
| **可到岗时间** | | |  | | | | | | | | |