**附件2：红安县卫计系统公开引进急需紧缺医疗卫生专业技术人员报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 |  | | | | 性 别 | | | |  | | | | 民 族 | | | | | |  | | | | | 贴照片处  （1寸） | | | | |
| 出生年月 |  | | | | 政 治  面 貌 | | | |  | | | | 应 届 或  社会在职 | | | | | |  | | | | |
| 工作单位 |  | | | | | | | | | | | | 参 加  工作时间 | | | | | |  | | | | |
| 毕业院校 |  | | | | | | | | | | | | 毕业时间 | | | | | |  | | | | |
| 所学专业 |  | | | | | | | | | | | | 院校类别 | | | | | | 填写全日制本科一类或二类  学校 | | | | | | | | | |
| 身份证号 |  |  |  | | |  |  |  | | |  |  | |  | |  | |  | |  |  | |  | |  |  |  |  |
| 通讯地址 |  | | | | | | | | | | | | | | | | 联系电话1 | | | | |  | | | | | | |
| 家庭地址 |  | | | | | | | | | | | | | | | | 联系电话2 | | | | |  | | | | | | |
| 报考单位 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报考岗位 |  | | | | | | | | | | | | | | | | 岗位代码 | | | | |  | | | | | | |
| 个人简历 | （填写高中起学习、工作简历） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要  成员 | 姓名 | | | 关系 | | | | | | 政治面貌 | | | | | 工作单位及职务 | | | | | | | | | | | | | |
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| 诚信承诺 | 本人郑重承诺：此表我已完整填写，所填个人信息均属实，所提  供的材料真实有效，符合应聘岗位所需的资格条件。如信息填写不完整或有不实之处，出现所有后果由本人承担。  签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报考资格  审查意见 | 经审查：□符合应聘资格条件。  □不符合应聘资格条件。  审 查 人： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备 注 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |