附件2：

2020年湖北省基层医疗卫生专业技术人员专项公开招聘报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | | 性 别 | | | | |  | | | | | | 户 籍 | | | | |  | | | | | | | 照 片 | | | | | | |
| 出生年月 |  | | | | | | 政 治  面 貌 | | | | |  | | | | | | 高考生源地 | | | | |  | | | | | | |
| 毕业院校 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所学专业 | | | | |  | | | | | | | | | | | | 毕业时间 | | | | | | | | | | |  | | | | | | | | |
| 文化程度 | 中专 | |  | | | | | | 专科 | | |  | | | | 本科 | | | |  | | | | 硕士 | | |  | | | | | 博士 | | |  | |
| 身份证号 |  |  | |  | | | |  | |  |  | |  | |  | | | |  |  |  | | | |  |  | | |  | |  | |  |  | |  |
| 通讯地址 |  | | | | | | | | | | | | | | | | | | | 手 机 | | | | | | | | |  | | | | | | | |
| 家庭地址 |  | | | | | | | | | | | | | | | | | | | 备用联系方式 | | | | | | | | |  | | | | | | | |
| 现工作单位 |  | | | | | | | | | | | | 报考单位名称 | | | | | | | | | | | | |  | | | | | | | | | | |
| 是否具备执业资格 |  | | | | | | | | | | | | 执业资格证类别 | | | | | | | | | | | | |  | | | | | | | | | | |
| 服务项目 |  | | | | | 服务起止时间 | | | | | | | |  | | | | | | | | 报考岗位 代码 | | | | | | | | |  | | | | | |
| 服役年限 |  | | | | | 退役时间 | | | | | | | |  | | | | | | | | 报考岗位 名称 | | | | | | | | |  | | | | | |
| 个人简历（从高中填起） |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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。  本人签名：  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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |