**附件2:**

马鞍山市雨山区卫生健康委员会

2019年度公开招聘基层医疗机构工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 报考岗位及代码 | | | |  | | | | | | | | | | | | | | | | | | | |
| 姓名 | |  | | | 性别 | | |  | 民族 |  | | 出生日期 | | |  | | 籍贯 | | |  | 照片 | | |
| 户籍 | |  | | | 住地 | | |  | | | | 婚姻状况 | | |  | | 政治面貌 | | |  |
| 身高 | |  | | cm | 体重 | | |  | kg | 身份证号 | | | | |  | | | | | |
| 最高学历 | | |  | | 专业 | | |  | | | 毕业日期 | | | |  | | 职称 | | |  |
| 毕业院校 | | |  | | | | | | | | 联系电话 | | | |  | | | | | |
| 主要  学习  简历 | | | 起止年月 | | | | 就读院校 | | | | | | | | | | | 所学专业 | | | | 证书名称 | |
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| 工作  经历 | | | 起止年月 | | | | 工作单位 | | | | | | | | | | | | | | | 部门/职位 | |
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| 家庭主要  成员及  社会关系 | | | 姓名 | | | | 与本人关系 | | | | | | 工作单位 | | | | | | | | | 部门/职位 | |
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| 曾获何种专业证书，  有何特长 | | | | | |  | | | | | | | | | | | | | | | | | |
| 个人简介 |  | | | | | | | | | | | | | | | | | | | | | | |
|
| 通信地址 | | | |  | | | | | | | | | | 邮编 | |  | | | 电子邮箱 | | | |  |
| 本人承诺 | 本报名表所填写的信息准确无误，所提交的证件、资料真实有效，若有虚假，所产生的一切后果由本人承担。  承诺人：（签名） 年 月 日 | | | | | | | | | | | | | | | | | | | | | | |
| 审核意见 | 审核人：（签名） 年 月 日 | | | | | | | | | | | | | | | | | | | | | | |