附件二：

2019年句容市人民医院公开招聘

卫生技术人员报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓　名** | | |  | | **性别** | |  | **出生**  **年月** |  | | **政治**  **面貌** |  | 照片 |
| **身份证号** | | |  | | | | **民族** |  | **户籍**  **所在地** |  | | |
| **报考岗位** | | |  | | | | | **岗位代码** | |  | | |
| **毕业**  **院校** |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **学 历** | |  | | **学位** | | **毕业时间** | | | |  | | **英语**  **等级** |  |
| **工作单位** | |  | | | | | | | | **执业资格**  **（职称）** | |  | |
| **通讯地址** | |  | | | | | | | | **联系电话** | |  | |
| **电子邮箱** | |  | | | | | | | | | | | |
| **其他相关**  **资格条件** | |  | | | | | | | | | | | **有无回避关系** |
|  | | | | | | | | | | |  |
| **学习**  **工作**  **简历**  **(从高中起填)** | |  | | | | | | | | | | | |
| **个人**  **承诺** | | **本人已仔细阅读招聘公告、岗位表等相关资料，承诺所填写的个人信息资料真实准确，并符合招聘岗位的要求。由于个人信息填写不准确而导致不能正常参加笔试、面试或取消录取资格等情况，由本人承担全部责任。**  **应聘人签字：** | | | | | | | | | | | |
| **审核**  **意见** | | **审核人(签名) ： 年 月 日** | | | | | | | | | | | |
| **备 注** | |  | | | | | | | | | | | |