**附件2：**

**无锡市锡山区卫生健康委员会下属事业单位2022年**

**公开招聘报名登记表（劳动合同制）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **基本情况** | 姓 名 |  | | | | | | | | | | | | | | | 性 别 | | | | |  | | | | | （贴照片处） |
| 民 族 |  | | | 出生年月 | | | | |  | | | | | | | 政治面貌 | | | | |  | | | | |
| 身份证号 |  |  |  | |  | |  |  | |  | |  |  |  |  | | |  |  |  |  |  | |  |  |
| **报名情况** | 报考岗位 |  | | | | | | | | | | | | | | | | 岗位代码 | | | |  | | | | |
| 报考单位 |  | | | | | | | | | | | | | | | | 职 称 | | | | | |  | | | |
| 现 住 址 |  | | | | | | | | | | | | | | | | 户籍所在地 | | | | | |  | | | |
| **教育情况** | 毕业院校 |  | | | | | | | | | | | | | | | | 最高学历 | | | | | |  | | | |
| 毕业专业 |  | | | | | | 毕业时间 | | | |  | | | | | | 学位 | | | | | |  | | | |
| 培养方式 |  | | | | | | 英语水平 | | | |  | | | | | | 计算机水平 | | | | | |  | | | |
| **简历**  **情况** | 请如实填写学习经历和工作经历 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **家庭情况** | 称 谓 | 姓 名 | | | | | 工 作 单 位 及 职 务 | | | | | | | | | | | | | | | | | | | | |
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| **奖惩情况** |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **其他信息** | 通讯地址 |  | | | | | | | | | | | | | | | | 联系电话 | | | | | |  | | | |
| 原工作单位 |  | | | | | | | | | | | | | | | | 参加工作时间 | | | | | |  | | | |
| **是否同时报考了本委组织开展的2022下半年事业编内岗位（如是，请注明岗位代码和名称）？**  **对以上情况本人确认签字： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **审查意见** |  | | | | | | | | | | | | | | | | | | | | | | | | | | |