附件二：

儋州市卫生健康系统考核招聘工作人员报名登记表

报名序号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓　名 | | |  | | 性　别 |  | | | | 出　生  年　月 | | | | |  | | | | | | 照  片 | | | | | | | | |
| 民　族 | | |  | | 籍　贯 |  | | | | | | | | | | | | | | |
| 参加工  作年月 | | |  | | 入　党  年　月 |  | | | | 健　康  状　况 | | | | |  | | | | | |
| 专业技  术职称 | | |  | | | | | | | | | | | | | | | | | |
| 学  历 | 全日制教 育 | | |  | | 毕业院校  系及专业 | | | |  | | | | | | | | | | | | | | | | | | | |
| 在 职教 育 | | |  | | 毕业院校  系及专业 | | | |  | | | | | | | | | | | | | | | | | | | |
| 工作单位  及职务 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报考职位 | |  | | | | | | | | | | | | | | | 是否同意调剂 | | | | | | 是🞎 否🞎 | | | | | | |
| 联系电话 | | 手机：  宅电： | | | | | 身份证号 |  |  | |  |  |  |  | |  |  |  |  |  | |  | |  |  |  |  |  |  | |
| 简  历 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人  单位  意见 | | （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格  审查  意见 | | （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

此表一式两份