**附件2**

**2023年永嘉县卫生健康系统赴高校招聘医学类毕业生**报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | 性别 | | |  | | | | 出生年月 | | | | | | |  | | | | | | | 1寸照片 |
| 生源地 |  | | | | | 民族 | | |  | | | | 政治面貌 | | | | | | |  | | | | | | |
| 现户籍地 |  | | | | | | | | | | | | 婚姻状况 | | | | | | |  | | | | | | |
| 身份证号 |  |  |  |  |  | |  |  | |  |  |  | |  |  |  | | |  | |  | | |  |  |  |
| 工作单位 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学历  （学位） | 全日制普通高校本科 | | | | | | 毕业时间 | | | | | |  | | | | | | | | | | | | | | |
| 毕业院校及专业 | | | | | |  | | | | | | | | | | | | | | |
| 全日制普通高校  硕士研究生 | | | | | | 毕业时间 | | | | | |  | | | | | | | | | | | | | | |
| 毕业院校及专业 | | | | | |  | | | | | | | | | | | | | | |
| 本科  录取批次 |  | | | | | | | | 现综合成绩排名 | | | | | | | |  | | | | | | | | | | |
| 执业资格及取得时间 |  | | | | | | | | | | | | 专业技术资格及取得时间 | | | | | | | | | |  | | | | |
| 通讯地址 |  | | | | | | | | | | | | 手机号码 | | | | | | | | |  | | | | | |
| 报考单位 |  | | | | | | | | | | | | 招聘岗位  及岗位代码 | | | | | | | | | |  | | | | |
| 个人工作、学习简历（学习从高中开始填） |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 获得的主要荣誉 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 诚信承诺 | 以上本人个人有关信息及提供的证明、证件真实、准确、有效。如有虚假，本人自愿承担相应责任。  应聘人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 初审  意见 | 符合 （岗位）报考条件。  审查人签名:  年 月 日 | | | | | | | | | | | | 复审  意见 | | | | | 符合 （岗位）报考条件。  审查人签名:  年 月 日 | | | | | | | | | |
| 考核结果 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |

（正反面打印）