附件2

麻城市卫生健康系统事业单位2023年公开招聘工作人员 报名登记表

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| 姓 名 |  | | | | 性 别 | | |  | | | | 民 族 | | | | | |  | | | | 照 片 | | | | |
| 出生年月 |  | | | | 政 治  面 貌 | | |  | | | | 应 届 或  社会在职 | | | | | |  | | | |
| 毕业学校及专业 |  | | | | | | | | | | | 所学专业 | | | | | |  | | | |
| 学历与  学位 |  | | | | | | | | | | | | | | | | | | | | |
| 身份证号 |  |  |  | |  |  |  |  | |  |  | |  |  | | |  | |  |  |  |  |  |  |  |  |
| 通讯地址 |  | | | | | | | | | | | | | | | 住宅电话 | | | | | |  | | | | |
| 本人电话 | | | | | |  | | | | |
| 家庭地址 |  | | | | | | | | | | | | | | | 紧急联系电话 | | | | | |  | | | | |
| 报考单位 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报考岗位（专业） |  | | | | | | | | | | | | | | | 报考岗位代码 | | | | | |  | | | | |
| 资格证（如需要）种类及证号 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否符合政策性加分 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人简历  （从高中  写起） | 示例：......  某年某月-某年某月，在什么学校什么专业学习，硕士研究生  ......  某年某月-某年某月，在什么单位工作，什么职务 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要  成员 | 姓名 | | | 关系 | | | | | 政治面貌 | | | | | | 工作单位及职务 | | | | | | | | | | | |
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| 诚信承诺 | 本人郑重承诺：此表我已完整填写，所填个人信息均属实，所提供的材料真实有效，符合应聘岗位所需的资格条件。如信息填写不完整或有不实之处，出现所有后果由本人承担。  本人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报考资格  审查意见 | 经审查：□符合应聘资格条件。  □不符合应聘资格条件。  审查人：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |