附件2：

**石阡县妇计中心2020年招聘医务人员**

**报名信息表**

**报名序号：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | | 性别 | |  | | | 民族 | | |  | | | | | | | 照片 | | |
| 身份证号 |  | | | | | | | 出生日期 | | | |  | | | | | | | | | |
| 政治面貌 |  | | | 考生生源地 | | | |  | | | | 户籍所在地 | | | | |  | | | | |
| 学历 |  | | | 学位 | | | |  | | | | 毕业时间 | | | |  | | | | | |
| 毕业院校 |  | | | | | | | | | 是否普通高等教育全日制 | | | | | | | |  | | | |
| 所学专业具体名称 | | | | |  | | | | | | | | | | | | | | | | |
| 工作单位 | |  | | | | | | | | | 参加工作时间 | | | | |  | | | | | |
| 工作年限 | |  | | | | | 专业技术职称 | | | |  | | | | | 其它资格名称 | | | | |  | | | |
| 个人身份 | | | | | | |  | | | | 联系电话1 | | |  | | | | | | 联系电话2 | | |  | |
| 工作单位是否同意报考 | | | | | | |  | | | | | 是否满足该职位要求的所有报考条件 | | | | | | | | | | | |  |
| 其他需说明事项 | | | | | | |  | | | | | | | | | | | | | | | | | |
| 报考单位代码及名称 | | | | | |  | | | | | | 报考职位代码及名称 | | | | | | | |  | | | | |
| 报名点 | | | | | |  | | | | | | 考试类别 | | | | | | | |  | | | | |
| 报名信息  确认栏 | | | 以上填写信息均为本人真实情况，并已签订诚信报考承诺书，若有虚假、遗漏、错误，责任自负。  考生签名： | | | | | | | | | | | | | | | | | | | | | |
| 初  审  意  见 | 审核人：  2020年 月 日  (单位审核章) | | | | | | | | | | | | 复  审  意  见 | | | | | | 审核人：  2020年 月 日  (单位审核章) | | | | | |

注：1、报名成功考生须打印备用。2、“专业技术职称”：临床、护理 药剂……。3、“其它资格名称”：、执业医师资格证、护士资格证……。