附件2：

靖江市医疗集团2019年公开招聘备案制卫生专业技术人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **报考医院：**   **岗位名称：**  **报名序号：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | |  | | | | | | | | | | | | | 性别 | | | | |  | | | | | | 民族 | | | | | | |  | | | | | 籍贯 | |  | | 相  片 | | |
| 出生年月 | |  | | | | | | | | | | | | | 政治面貌 | | | | | | | |  | | | | | | | | | | | | | 婚姻状况 | | |  | | |
| 毕业院校 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 毕业时间 | | |  | | |
| 学历 |  | | | | | | | 学位 | | | | |  | | | | | | | | | | | | | | 所学专业 | | | | | | | | | |  | | | | |
| 工作单位 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 单位性质 | | |  | | |
| 执业资格（职称） | | | | |  | | | | | | | | | | | 参加工作时间 | | | | | | | | |  | | | | | | | | | | | 工作年限 | | |  | | |
| 通讯地址 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 邮政编码 | | | |  | |
| 身份证号 | | | | |  |  |  | | |  |  |  | |  | | |  |  |  | |  |  | |  |  | | |  | |  | |  | |  | 联系电话 | | | |  | | | | | |
| 掌握何种外语及程度 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | 计算机掌握程度 | | | | | |  | | | |
| **学习和工作经历** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **主要奖惩情况** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **家庭成员情况** | | | | | | | | | **姓 名** | | | | | | | | | | **关 系** | | | | | | | | | | | | **所在单位** | | | | | | | | | | | | | **职 务** |
|  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  |
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| **承 诺 书** | | | | | | | | | 本人提供的上述信息均真实有效，符合招聘简章规定的报考条件和岗位要求，并符合回避制度要求。如有不实，由此造成的一切后果自负。若被聘用，单位可随时解除与本人的聘用关系。  承诺人: 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **单位**  **初审意见** | | | 审核人：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | **卫健委**  **复审意见** | | | | | | | | | 审核人：  年 月 日 | | | | | | |
| **备 注** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**填表说明：**

1.请填表人实事求是地填写，以免影响聘用。

2.姓名、性别、民族、籍贯、出生年月必填。

3.毕业院校及专业、毕业时间、学历必填，填写符合所报岗位条件的学历、专业。

4.工作单位：没有工作单位的填“无”；只要有工作单位就必须提供单位同意报考证明。根据简章要求，报名时不能提供单位同意报考证明的人员，请在“备注栏”作出承诺“本人将在体检前提供单位同意报考证明，如届时不能提供，自愿放弃体检资格”，并签名。

5.工作年限：所报考岗位有工作经历条件的人员必填。

6.通讯地址、身份证号、联系电话必填，包括手机和住宅电话，请保持通讯畅通。

7.学习和工作经历必填，从高中起填写。

8.家庭成员情况尽可能填写完整。