附件2：

2019年徐州市传染病医院公开招聘卫生类副高及以上专业技术合同制人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本情况** | 姓名 | |  | | | | | | | | | | | | | | | | 性别 | | | | |  | | | | | | | | （贴照片处） |
| 民族 | |  | | | 出生年月 | | | | |  | | | | | | | | 政治面貌 | | | | |  | | | | | | | |
| 身份证号 | |  |  |  | |  |  | |  | |  |  |  | | |  |  | |  | |  |  | | |  |  |  | |  | |
| **报名情况** | 报考单位 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报考岗位名 称 | |  | | | | | | | | | | | | 报考岗位 代 码 | | | | | | | |  | | | | | | | | | |
| **教育及职称情**  **况** | 学 历 | |  | | | | | 学 位 | | | | |  | | | | | | | | 毕业时间 | | | | | | | |  | | | |
| 毕业专业 | |  | | | | | | | | | | 研究方向 | | | | | | | |  | | | | | | | | | | | |
| 毕业院校 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现有资格（职称） | |  | | | | | | 资格（职称）  专业 | | | | | | |  | | | | | | | | | 现有资格（职称） 取得时间 | | | | | |  | |
| **其他信息** | 原工作  单位 | |  | | | | | | | | | | | | | | | | | | 参加工作时间 | | | | | | | |  | | | |
| 通讯地址 | |  | | | | | | | | | | | | | | | | | | 联系电话 （固定电话及手机） | | | | | | | |  | | | |
| 电子邮箱 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **个人**  **简历**  **（从大学**  **开始填写）** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人承诺以上信息真实、准确、有效，如有虚假，责任自负。 是否存在回避关系 是🞎 否🞎**  **本人确认签字： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **招聘**  **单位**  **审核**  **意见** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**说明：招聘单位审核盖章后，应聘人员请将此表及相关报名材料交给招聘单位，否则视为报名无效。**