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| 附件2  四川省成都市新津县2020年度面向社会公开考核招聘医疗卫生专业技术人才  报名登记表 | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  | |  |  |  |
| 姓名 |  | | 性别 | |  | 籍贯 |  | | | 照片 |  |
| 民族 |  | | 出生年月 | |  | 出生地 |  | | |  |
| 身份证号 |  | | | | | 婚姻状况 |  | | |  |
| 身体状况 |  | | | | | 身高 |  | | |  |
| 政治面貌 |  | | | | | E-Mail |  | | | |  |
| 应聘单位及岗位代码 |  | | | | | | | | | |  |
| 现在住址 |  | | | | | 联系电话 | |  | | |  |
| 现有学历   学位 |  | | | | | 就读院校及专业 | |  | | |  |
| 执业资格名称 |  | | | | | 执业资格证书取得时间 | |  | | |  |
| 获得荣誉和职称（技术）资格证书 |  | | | | | | | | | |  |
| 个人特长   及自我评价 |  | | | | | | | | | |  |
|  |
|  |
| 学习（工作）经历 | | | | | | | | | | |  |
| 起止时间 | | | | 单位及职务 | | | | | | |  |
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|  | | | |  | | | | | | |  |
| 家庭成员 | | | | | | | | | | |  |
| 姓名 | | 关系 | | 单位、住址、职业 | | | | | 联系电话 | |  |
|  | |  | |  | | | | |  | |  |
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| 是否服从调配 | | | |  | | | | | | |  |
| 以上情况属实。本人签字： | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  | |  |  |  |