**附件2：**

2019年绍兴市上虞区卫生健康系统公开招聘工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | |  | | | | 身份证号 | |  | |  |  | |  |  |  |  | |  |  |  |  |  | |  | |  |  |  |  |  |
| 性 别 | | |  | | 学 历 | |  | 毕业时间 | | | | | |  | | | | 政治  面貌 | | |  | | | 贴  一  寸  近  照 | | | | | | | |
| 毕业学校 | | |  | | | | | | | | | | | 毕业  专业 | | | |  | | | | | |
| 是否全日制普通高等院校毕业生 | | | | | | | □是 □否 | | | | | | | 资格证  名称 | | | |  | | | | | |
| 执业注册专业 | | | |  | | | | | |
| 现工作  单 位 | |  | | | | | | | | 人员  性质 | | | | * 应届生 □事业在编 * 临聘人员 □社会人员 | | | | | | | | | | | | | | | | | |
| 户籍 | | 省 地（市） 县（市、区） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **报 考 志 愿** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报考单位 | | | |  | | | | 报考岗位编号 | | | | | | | | |  | | | | | | | | | 只能选择  一个岗位 | | | | | |
| 计算机等级 | | | |  | | | | 英语水平等级 | | | | | | | |  | | | | | | | | | | | | | | | |
| 家庭所在  地 址 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人联系  电 话 | | | |  | | | | 其他联系人  及电话 | | | | | | | |  | | | | | | | | | | | | | | | |
| 工作简历或在校奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 承  诺  书 | 对公告内容、招考要求已知晓，本人承诺以上所填内容均真实。如有不实之处，一经查实，作自动淘汰处理，直至取消聘用资格。  签名： 2019年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 招考单位  资格审查  意 见 | | | | | | 签名：  2019年 月 日 | | | | | | | 医共体或  相关部门  资格审查  意 见 | | | | | | | | 签名：  2019年 月 日 | | | | | | | | | | |