附件2：

**黔西县中医院2020上半年公开招聘合同制工作人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | 性别 | | |  | | | | | 民族 | | |  | | | | 照片 | |
| 身份证号 |  | | | | | | | | | 出生日期 | | | | |  | | | | | |
| 政治面貌 |  | | 户籍所在地 | |  | | | | | 生源地 | | | | |  | | | | | |
| 学历 |  | | | | 学位 | |  | | | | | | | 毕业时间 | | |  | | | |
| 所学专业具体名称 | | | | |  | | | | | | | 毕业  院校 | | |  | | | | | |
| 工作单位 | | | |  | | | | | | | 工作年限 | | | |  | | | | 参加工作时间 | | |  |
| 专业职称 | | | | |  | | | | | | | | 专业职务 | | | | | | |  | | |
| 职业（从业）资格证 | | | | |  | | | | | | | | | | | 电子邮箱 | | | |  | | |
| 是否满足该职位要求的其它报考条件 | | | | | | | |  | | | | | | | | | | 联系电话 | | | |  |
| 具体说明 |  | | | | | | | | | | | | | | | | | | | | | |
| 主要简历（从高中开始填写） | | | | |  | | | | | | | | | | | | | | | | | |
| 报名信息确认栏 | | 以上填写信息均为本人真实情况，若有虚假、遗漏、错误，责任自负。  考生签名： | | | | | | | | | | | | | | | | | | | | |