附件2

**泰州市第三人民医院2019年第二批公开招聘备案制工作人员报名表**

**报考岗位名称： 岗位代码 报名序号**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 | |  | 性 别 | | | | |  | | | | | | 民 族 | | | | | | | |  | | | 籍 贯 | | | | | |  | | | 照片 | |
| 出生年月 | |  | | | | | | 政治面貌 | | | | | |  | | | | | | | | | | | 婚姻状况 | | | | | |  | | |
| 毕业院校及专业 | | |  | | | | | | | | | | | | | | | | | | | | | | 毕业时间 | | | | | |  | | |
| 学 历 |  | | | | | | | 学 位 | | | | |  | | | | | | | | | | | | 职 称 | | | | | |  | | |
| 原工作单位 | | |  | | | | | | | | | | | | | | | | | | | | | | 人员性质 | | | | | |  | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 初审意见 | | | 审核人：  年 月 日 | | | | | | | | | | | | | | | | | | 复审意见 | | | | | | | | | 审核人：  年 月 日 | | | | | |
| 备 注 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |