附件2：

**2021年泰州市卫生健康委员会所属部分事业单位公开招聘卫生专业技术人员报名表**

报名序号： （考生不填）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓　　名 |  | | 身份证号 | | | |  |  | |  |  | |  | |  | |  | |  | | |  |  | |  |  | |  |  |  |  |  |  |
| 户籍所在地 |  | | 籍贯 |  | | | | | | 性别 | | | |  | | | | 民族 | | | | | |  | | | 贴照片处  （一寸彩照） | | | | | | |
| 政治面貌 |  | | | 最高学历及学位 | | | | | |  | | | | | | | | | | | | | | | | |
| 毕业院校 |  | | | | | | | | | | | 毕业时间 | | | | | | | | | |  | | | | |
| 所学专业  （以毕业证为准） |  | | | | 所获学位  （以学位证为准） | | | | | | | | | | |  | | | | | | | | | | |
| 现工作单位 |  | | | | | | | | | | | 参加工作时间 | | | | | | | | |  | | | | | |
| 家庭地址 |  | | | | | | | | 联系电话 | | | | | | | | 1. | | | | | | | | | | 2. | | | | | | |
| 报考单位名称 |  | | | | | | | | 报考岗位代码 | | | | | | | |  | | | | | | | | | | | | | | | | |
| 简 历  （从高中填起） |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭成员 | 姓名 | 关系 | | | | 所在单位 | | | | | | | | | | | | | | | | | | | | | | | 职务（职称） | | | | |
|  |  | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  |  | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| 是否存在《江苏省事业单位公开招聘人员办法》第三十六回避关系 | | | | | | | | | | | | | | | | | | | | 是 否 | | | | | | | | | | | | | |
| 信息  确认 | **本人对以上所填内容的真实性、准确性负责，如因选报岗位不当或所填写内容不真实、不准确、不全面而影响考试和聘用的，愿责任自负。**    签字：  年 　月 　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审核  意见 | 审核人签字： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |