附件2

安顺市西秀区紧密型医共体旧州医疗次中心面向社会公开招聘聘用人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | |  | | | | | | |  |
| 学历 |  | | | | | | | | 毕业时间 | |  | |  |
| 毕业院校 | | |  | | | | | | | | | | | |
| 是否满足该岗位要求的报考条件 | | | | | |  | | | | | 联系电话 |  | | |
| 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： 代报人员签名： | | | | | | | | | | |