附件2：

**《上城区小营街道社区卫生服务中心编外用工公开招聘人员报名表》**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 身份证号 | |  |  |  |  | |  |  |  |  | |  |  | | |  | |  |  |  |  | |  | |  |  | 近期免冠  1寸彩照 |
| 户口  所在地 |  | | 民族 | |  | | | | 性别 | | | | |  | | | | | | 政治  面貌 | | | | |  | | | | |
| 最高  学历 | 普通高校 |  | | | | | | | | | | | | 毕业时间 | | | | | |  | | | | | | | | | |
| 成人高校 |  | | | | | | | | | | | |  | | | | | | | | | |
| 参加工作时间 |  | | 健康状况 | |  | | | | 执业资格及  取得时间 | | | | | | | |  | | | | | | | | | | | | | |
| 专业技术职称及取得时间 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联系  地址 |  | | | | | | | | | | | | | | | | | 固定电话 | | | | | | | | |  | | | |
| 移动电话 | | | | | | | | |  | | | |
| 现档案存放处 |  | | | | | | | | | | | | | | | | | 邮 编 | | | | | | | | |  | | | |
| 最高学历  毕业院校 | |  | | | | | | | | | | | | | | | | 所学专业 | | | | | | | | |  | | | |
| 现工作单位 | |  | | | | | | | | | | | | | | | | 工作职务 | | | | | | | | |  | | | |
| 个  人  简  历 | （从高中填起） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。**  **申请人（签名）： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报考单位审核意见 | （盖章）    年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |