附件2：

扬中市卫健委所属事业单位公开招聘备案制工作人员报名登记表

报名序号：                           岗位代码：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓  名 |  | | 性别 | |  | 户籍 | | |  | | | 民族 | | |  | | | | | | | 照    片 | | | |
| 身份证号 | |  | | | | | | 学历 | | | |  | | 学位 | | | |  | | | |
| 应聘单位及岗位 | | 招聘单位名称 | | | | | | | | | | 岗位名称及代码 | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | |
| 毕业院校 | |  | | | | 所学专业 | | | | | |  | | | | | | | 毕业时间 | | | | |  | |
| 参加工作  时    间 | |  | | 政治  面貌 | | |  | | | 考生  身份 | | | |  | | | | | | 婚姻  状况 | | | | |  |
| 工作地点及单位名称 | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 行政职务 | |  | | | | | 专业技术职称  或执业资格 | | | | | |  | | | | | | | | | | | | |
| 通讯地址 | |  | | | | | 固定电话 | | | |  | | | | | 移动电话 | | | | |  | | | | |
| 英语等级 | |  | | | | | 计算机  熟练程度 | | | |  | | | | | | 是否在校生  （是或否） | | | | | |  | | |
| 家庭  成员  情况 | | 姓 名 | 关 系 | | | | 所在单位 | | | | | | | | | | 职 务 | | | | | 回避关系 | | | |
|  |  | | | |  | | | | | | | | | |  | | | | |  | | | |
|  |  | | | |  | | | | | | | | | |  | | | | |  | | | |
|  |  | | | |  | | | | | | | | | |  | | | | |  | | | |
| 学习及工作  简    历 | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 考生承诺 | | 本人已仔细阅读招聘简章、岗位表等相关资料，承诺所填写的个人信息和所提供的资料真实准确，并符合招聘岗位的要求。如果由于填写个人信息或提供资料不准确、不真实、不符合岗位要求而导致不能正常参加笔试、面试或取消聘用资格等情况，则由本人承担全部责任。  承诺人签字：               年  月  日 | | | | | | | | | | | | | | | | | | | | | | | |
| 审核意见 | | 审核人(签名)：               年  月  日  年   月   日 | | | | | | | | | | | | | | | | | | | | | | | |
| 备  注 | |  | | | | | | | | | | | | | | | | | | | | | | | |