**附件2**

**盐城市卫生健康委部分直属事业单位2021年上半年公开招聘专业技术人员报名表**

**报考岗位： 岗位代码：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 性 别 |  | | 身份证号 |  | |  |  |  |  |  |  | |  |  |  |  | |  | |  | |  |  |  |  |  |
| 籍 贯 |  | 最高学历 |  | | 最高学位名称 | | | | | |  | | | | | | | | 贴照片处  （另一张点贴于  本表右下角） | | | | | | | | | |
| 毕业院校 |  | | | | 毕业时间 | | | | | |  | | | | | | | |
| 本科专业 |  | | | | 研究生专业 | | | | | |  | | | | | | | |
| 掌握外语  及程度 |  | | | | 计算机掌握程度 | | | | | |  | | | | | | | |
| 专业技术  职务 |  | | | | 已考取有关资格 | | | | | |  | | | | | | | | | | | | | | | | | |
| 政治面貌 |  | | 婚否 | |  | | 报考单位及 岗位 | | | | | | |  | | | | | | | | | | | | | | |
| 通讯地址 |  | | | | | | | | | | | | | 邮政编码 | | | | | | | | |  | | | | | |
| 联系电话 |  | | |  | | | | | | | | | | 户籍所在地 | | | | | | | | |  | | | | | |
| 现工作单位及职务（如有工作，是否在编） |  | | | | | | | | | | | | | 技能状况 | | | | | | | | |  | | | | | |
| 简 历  （自高中起，时间到月） |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作或  社会实践  经 历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖 惩  情 况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要科研  成果  （论文、著作等） |  | | | | | | | | | | | | | | | | | | | | 照片2 | | | | | | | |
| 其他须  说明事项  或要求 |  | | | | | | | | | | | | | | | | | | | |

**注意**：本表中所填内容以及所提供材料均真实有效，如有不实之处，取消录用资格。

报名者本人签字确认：