附件2：

**扬州市江都区樊川中心卫生院编外合同制**

**招 聘 报 名 表**

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| 姓  名 | | |  | | | | 性  别 | | |  | | 出生年月 | |  | | | 照片 | |
| 籍  贯 | | |  | | | | 政治  面貌 | | |  | | 外语水平 | |  | | |
| 最高学历 | | |  | | | | 最高  学位 | | |  | | 毕业时间 | |  | | |
| 毕业学校 | | |  | | | | | | | | | 专  业 | |  | | | | |
| 联系电话 | | |  | | | | | | | | | 身份证号码 | |  | | | | |
| 专业技术资格情况 | | | 专业技术名称：                 取得时间： | | | | | | | | | | | | | | | |
| 学习经历(高中起点） | | 经历 | | 起止年月 | | | | | 院校名称 | | | | 所学专业 | | 学位 | | | 备注 |
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| 实习及工作经历 | | 起止年月 | | | | 实习、工作、培训单位 | | | | | | | | | | 岗  位 | | |
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| 婚姻家庭情况 | | 姓名 | | | 关 系 | | | 出生年月 | | | 职  业 | | | 现工作单位 | | | | |
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| 有无特长 |  | | | | | | | | | | | | | | | | | |

本人已认真阅读《2021年6月扬州市江都区樊川中心卫生院公开招聘编外合同制专业技术人员简章》，保证以上所填资料真实准确，如有违事实，愿意取消报名、聘用资格。

填写人签名：                                        年    月    日