附件2：

鄂州市妇幼保健院专业技术人员招聘报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 应聘岗位 |  | | | | | | | | | | | | 是否服  从分配 | | | | |  | | | 照片 |
| 姓名 |  | | | 性别 |  | | 民族 | | |  | | 出生  年月 | | |  | | | 婚育状况 | |  |
| 参加工  作时间 |  | | | 政治  面貌 |  | | | 籍贯 | | |  | | | 职称及取得时间 | | | | |  | |
| 身份证号 |  | | | | | | | | | | | 联系电话 | | | |  | | | | |
| 身高(cm)  体重(kg) | |  | | | | 原工作单位或实习单位 | | | | | |  | | | | | | | | | |
| 全日制  教育 | 学历 | | |  | | | | | 毕业院校系及专业 | | | | | | |  | | | | | |
| 学位 | | |  | | | | |  | | | | | |
| 在职  教育 | 学历 | | |  | | | | | 毕业院校系及专业 | | | | | | |  | | | | | |
| 学位 | | |  | | | | |  | | | | | |
| 现户籍所在地 |  | | | | | | | | 家庭住址 | | | | | | |  | | | | | |
| 主要学  习和工  作经历(从高中时开始,起始时间、单位、职务等),时间请  前后衔接 |  | | | | | | | | | | | | | | | | | | | | |
| 家庭成员及其主要社会关系 | 称谓 | | 姓名 | | | 出生年月 | | | | | | 政治  面貌 | | | | | 工作单位及职务 | | | | |
|  | |  | | |  | | | | | |  | | | | |  | | | | |
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| 奖惩  情况 |  | | | | | | | | | | | | | | | | | | | | |
| 个人兴  趣爱好  及特长 |  | | | | | | | | | | | | | | | | | | | | |
| 个人承诺 | 本人承诺以上所填信息属实，如有不实，愿意承担相应责任。  签 名：  年 月 日 | | | | | | | | | | | | | | | | | | | | |
| 资格初审 | 初审人签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | |
| 资格复审 | 复核人签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | |