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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件2： | |  | |  |  | | |  | |  | |  | |  |  |
| 巧家县人民医院2020年编制外人员招聘报名表 | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 岗位名称 |  | | | | | 姓 名 |  | | | | | | 照片 | | |
| 性 别 |  | | 族别 | | |  | 籍贯 | |  | | | |
| 出生年月 |  | | | | | | 政治面貌 | |  | | 健康 状况 | |  | | |
| 学 历 |  | | | | 毕业院校 | |  | | | | 专业 | |  | | |
| 毕业时间 |  | | | | | | 执业资格 | | |  | | | | | |
| 身份证号 |  | | | | | | 联系电话 | | |  | | | | | |
| 个人简历 |  | | | | | | | | | | | | | | |
| 资格审查意见 | 审查人签字： 年 月 日 | | | | | | | | | | | | | | |
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|
| 资格复审意见 | 复审人签字： 年 月 日 | | | | | | | | | | | | | | |
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注：1、请认真填写此表，涂改或复印填写无效；2、您将对此表中的信息的真实性负责。