**附件2:**

**永城市2017年卫生系统招聘工作人员报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓　名 |  | | 性 别 | | |  | | | | 出生年月 日 | | | |  | | | 照  片 |
| 民族 |  | | 政治面貌 | | |  | | | | 籍贯 | | | |  | | |
| 毕业  院校 |  | | | 毕业时间 | | | |  | | | | 所学专业 | | | |  | |
| 学历 |  | 学位 | |  | | | 身份证号 | | | | | |  | | | | |
| 现工作单位 | |  | | | | | | | | | 联系电话 | | | |  | | |
| 报考医院 | |  | | | 专业类别 | | | |  | | | | | 专业代码 | | |  |
| 简 历 （包括学习经历） | |  | | | | | | | | | | | | | | | |
| 工作单位  意 见 | |  | | | | | | | | | | | | | | | |
| 初审意见 | | 年 月 日 | | | | | | | | | | | | | | | |
| 备 注 | |  | | | | | | | | | | | | | | | |