附件2

成都大学附属医院

公开招聘工作人员报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基 本 情 况** | 姓名 |  | | | | | | | | | | | | | | | | 性别 | | | | |  | | | | | | （贴照片处） |
| 民族 |  | | | 出生年月 | | | | |  | | | | | | | | 政治面貌 | | | | |  | | | | | |
| 身份证号 |  |  |  | |  | |  |  | |  |  |  | |  | |  | |  | |  |  | |  |  |  | |  |  |
| 报考岗位 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 详细地址 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联系电话 |  | | | | | | | | | | | | 邮箱 | | | | | |  | | | | | | | | | |
| **教育情况** | 最高学历 |  | | | | | 毕业时间 | | | | | | |  | | | | | | 毕业专业 | | | | | | |  | | |
| 毕业院校 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 外语水平 |  | | | | | | | | | | | | 计算机水平 | | | | | |  | | | | | | | | | |
| **工作情况** | 工作单位 |  | | | | | | | | | | | | | | | | | | 参加工作时间 | | | | | | |  | | |
| 职称 |  | | | | | | | | | | | | | | | | | | 职务 | | | | | | |  | | |
| **本人确认签字： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **审查意见** | 初审意见  印章  年　　月　　日 | | | | | | | | | | | | | | | 复审意见  印章  年　　月　　日 | | | | | | | | | | | | | |