附件2：

**海南西部中心医院（上海九院海南分院）**

**考核招聘编内专业技术人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | 性别 | |  | | 出生年月 | | | | | | | | |  | | | | | | | | | | 相片 |
| 政治  面貌 |  | | | 民族 | |  | | 籍贯 | | | |  | | | | | 健康状况 | | | | | |  | | | |
| 毕业院校及时间 | | | |  | | | | | | | | | | | | 婚否 | | | | | |  | | | |  | |
| 学历学位 | | | |  | | | | | | | | | 所学专业 | | | | | | | | |  | | | | | |
| 现户口所在地 | | | |  | | | | | | | 身份证号码 | | | | | | | |  | | | | | | | | |
| 现工作单位 | | | |  | | | | | | | | | | 现职称 | | | | | | | | | |  | | | |
| 现单位职务 | | | |  | | | | | | | | | 现单位性质 | | | | | | | | |  | | | | | |
| 现工作岗位年限 | | | |  | | | | | 应聘岗位 | | | | | | | | | | | |  | | | | | | |
| 家庭详  细地址 | | |  | | | | | | | | | | 联系方式 | | | | | | | 电话（宅）：  手机： | | | | | | | |
| 本人主要简历（自高中起） | | 何年何月 | | | | | 到何年何月 | | | | | | | | 在何学校、何单位工作 | | | | | | | | | | | | |
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| 科、教、研及获奖情况 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭  成员 | | 姓名 | | | 称呼 | | | | | 年龄 | | | | | | | | 政治面貌 | | | | | | | 现工作单位及职务 | | |
|  | |  | | |  | | | | |  | | | | | | | |  | | | | | | |  | | |
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| 用人  单位  意见 | | （盖 章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 应聘 承诺 | | 以上所填内容属实，若有虚假，所聘单位有权解除聘用合同。 应聘者签名： | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |

注：本表一式四份。三份用人单位存，一份存入本人档案。