附件2：

前进街道社区卫生服务中心公开招聘编外用工人员报名表

报考岗位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | 身份证号 |  |  |  |  |  | |  |  |  | |  |  | |  | |  |  |  |  | |  | |  |  | （照片） | |
| 户口  所在地 | |  | | 民族 |  | | | | | 性别 | | | |  | | | | | 政治  面貌 | | | | |  | | | | |
| 最高  学历 | | 普通高校 | |  | | | | | | 毕业时间 | | | | | | |  | | | | | | | | | | | |
| 成人高校 | |  | | | | | |  | | | | | | | | | | | |
| 参加工作时间 | |  | | 健康状况 |  | | | | | 专业技  术职称 | | | | | | |  | | | | | | | | | | | | 是否服从分配 |  |
| 联系  地址 | |  | | | | | | | | | | | | | | | 固定电话 | | | | | | | | |  | | | | |
| 移动电话 | | | | | | | | |  | | | | |
| 邮编 | |  | | | | | | | | E-mail | | | | | | |  | | | | | | | | | | | | | |
| 最高学历毕业院校 | | |  | | | | | | | | | | | | | | 所学专业 | | | | | | | | |  | | | | |
| 现工作单位 | | |  | | | | | | | | | | | | | | 工作职务 | | | | | | | | |  | | | | |
| 个  人  简  历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。**  申请人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注意：以上表格内容必须填写齐全。