附表2：

**保定市妇幼保健院应聘人员报名表**

**拟报专业： 编号：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓　名** | | |  | | **性　别** |  | **出生年月** | | | |  | | **小2寸彩照** |
| **籍 贯** | | |  | | **民　族** |  | **政治面貌** | | | |  | |
| **身份证号** | | |  | | | **联系电话** |  | | | | | |
| **第一学历** | | | **所学专业** | |  | | **毕业时间** | | | |  | |
| **毕业学校** | |  | | | | | | | |
| **最高学历** | | | **所学专业** | |  | | | **毕业时间** | | |  | |
| **毕业学校** | |  | | | | | | | |
| **家庭住址** | |  | | | | | | | **现工作单位** | | |  | |
| **专业证书** | | | **专业名称：**  **取得时间：**  **最后注册时间及地点：** | | | | | | | **职称资格** | | **专业名称：**  **资格类别：**  **取得时间：** | |
| **学习经历（从初中毕业起）** | **起止年月** | | | **院　校　名　称** | | | | | | | | **所学专业** | |
|  | | |  | | | | | | | |  | |
|  | | |  | | | | | | | |  | |
|  | | |  | | | | | | | |  | |
|  | | |  | | | | | | | |  | |
| **工**  **作**  **经**  **历** | **起止年月** | | | **工 作 单 位** | | | | | | | | **岗 位** | |
|  | | |  | | | | | | | |  | |
|  | | |  | | | | | | | |  | |
|  | | |  | | | | | | | |  | |
| **发表论著及科研成果** | **时间** | | | **内容** | | | | | | | | **获奖情况** | |
|  | | |  | | | | | | | |  | |
|  | | |  | | | | | | | |  | |
|  | | |  | | | | | | | |  | |
|  | | |  | | | | | | | |  | |

**本人保证以上所填资料真实准确，如有违事实，愿意取消报名、聘用资格。**

**填写人签名：**   **年 月 日**