**附件2：**

**天生港镇街道社区卫生服务中心公开招聘工作人员**

**报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 |  | | | | | | | | | | 政治面貌 | | | | | | | | | | |  | | | | | | | | | | | 民族 | | |  | | |  | |
| 身份证号 |  | |  |  |  |  | | |  |  | |  |  | | |  | |  |  |  | | | |  | |  |  |  | |  | | | 性别 | | |  | | | 贴照片处 | |
| 文化程度 |  | | | | | | | 专业技术  职 称 | | | | | | | | |  | | | | | | | | 行 政  职 务 | | | | | | |  | | | | | | |
| 所学专业 |  | | | | | | | | | | | | | 专业详细  (毕业证为准) | | | | | | | | | | |  | | | | | | | | | | | | | |
| 工作单位 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |
| 毕业院校 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 毕 业  时 间 | | | |  | | | |
| 家庭地址 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 固定电话 | | | |  | | | |
| 是否具有执业医师资格 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 移动电话 | | | | | | |  | | |
| 岗位代码 |  | | | | | | | | | | | | | | | | | | | | 招聘岗位  名 称 | | | | | | | | | | | | | |  | | | | | |
| 简 历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭成员 | 姓名 | | | | | | | 关系 | | | | | | | 所在单位 | | | | | | | | | | | | | | | | | | | 职务 | | | | | | 回避关系 |
|  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | |  |
|  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | |  |
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| **本人承诺：本人符合报名条件要求，在报名表中填报的信息真实、准确、一致。所提供的学历证书等相关证件均真实有效。如有弄虚作假或填写错误，由本人承担一切后果，并自愿接受有关部门的处理。**  **本人签名： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 招聘单位及主管部门  审核意见 | | 年 月 日  （盖章） | | | | | | | | | | | | | | | | | | | | | 组织人事部门复审意见 | | | | | | 年 月 日  （盖章） | | | | | | | | | | | |