附件2

衢州市市直卫生健康单位公开招聘工作人员资格复审表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 身份证号 |  |  |  | |  |  | |  | | |  |  |  | |  | |  | |  |  |  |  |  | |  |  | 贴  一  寸  近  照 | |
| 民族 |  | | 政治面貌 |  | | | | | | | | 学历 | | | | | | |  | | | | | | | | | | |
| 户口所在地或毕业生生源地 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所学专业 | |  | | 毕业院校 | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 联系电话 | |  | | | | | 是否普通高校应届生 | | | | | | | | | | | | | |  | | | | | | | | | | |
| 报考单位 | |  | | | | | | | | 报考岗位 | | | | | | | | |  | | | | | | | | 岗位代码 | | | |  |
| 现工作  单位 | |  | | | | | | | | 职称 | | | | | | | | |  | | | | | | | | | | | | |
| 通讯地址 | |  | | | | | | | | 邮政编码 | | | | | | | | |  | | | | | | | | | | | | |
| 工作  (或  学习)  简历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人  承诺  愿意  高职  低聘 | 签名： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 用  人  单  位  初  审  意  见 | （盖章）  年 月 日 | | | | | | | | | 主管  部门  审核  意见 | | | | | | | （盖章）  年 月 日 | | | | | | | | | | | | | | |