**附件2**

**绵阳市第三人民医院单位考核招聘专业技术人员报名表**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** |  | | | **免冠彩色近照）** |
| **出生年月** |  | **民族** |  | | |
| **政治面貌** |  | **专业** |  | | |
| **学历** |  | **学位** |  | | |
| **职称资质** |  | | **应聘岗位** | |  | |
| **毕业院校及**  **毕业时间** |  | | | | | |
| **现工作单位** |  | | | | | |
| **身份证号码** |  | | | **联系电话** | |  |
| **本人详细**  **住址及邮编** |  | | | | | |
| **主要学习**  **工作经历** |  | | | | | |
| **家庭成员**  **情况** |  | | | | | |