**附件2**

**2022年平原县卫生健康系统事业单位**

**第二批公开招聘报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** | |  | | **民族** | | | |  | | | **（一寸彩色**  **免冠近照）** | |
| **出生**  **年月** |  | **籍贯** | |  | | **婚否** | | | |  | | |
| **政治**  **面貌** |  | **户籍**  **所在地** | |  | | **参加工作 时间** | | | |  | | |
| **身份证号** | |  | | | | | | | | | | |
| **全日制**  **教 育** | **学历** |  | | | | **毕业院校及专业** | | | | |  | | | |
| **学位** |  | | | |
| **非全日制教 育** | **学历** |  | | | | **毕业院校及专业** | | | | |  | | | |
| **学位** |  | | | |  | | | |
| **通信地址及邮编** | |  | | | | | | | | | | | | |
| **固定电话** | |  | | | | **本人手机** | | | | |  | | | |
| **报考岗位** | |  | | | | | | | | | | | | |
| **学习简历 （从高中开始分段填写）** | |  | | | | | | | | | | | | |
| **家庭主要成员及**  **主要社会关系** | | **称谓** | | | **姓名** | | **年龄** | | **政治面貌** | | | **工作单位及职务** | | |
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| **奖惩情况** | |  | | | | | | | | | | | | |
| **本人签字** | |  | | | | | | | | | | | | |
| **资格审查人员（签字）：** | | |  | | | | | **复核人（签字）：** | | | | | |  |

**正反面打印，一式两份。**