附件2

**七台河市人民医院公开招聘事业单位**

**医疗卫生技术人员报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 | | |  | | | 民族 |  | | | | 照  片 | | |
| 出生年月 |  | | 政治  面貌 | | |  | | | 文化  程度 |  | | | |
| 毕业院校 |  | | | | | | | | | | | | |
| 所学专业 |  | | | | | | | 婚姻状况 | | | |  | |
| 考生身份 |  | | | | | | | | | | | | | | | |
| 工作单位 |  | | | | | | | | | | | | 参加工作时间 | | |  |
| 行政职务 |  | | | | 专业技术职务（职称） | | | | | | | |  | | | |
| 通讯地址 |  | | | | | | | | | | | | 邮政编码 | | |  |
| 身份证号 |  | | | | | | | 联系电话 | | | | |  | | | |
| 报考志愿 | 单位名称 | | |  | | | | | | | | | | | | |
| 岗位名称 | | |  | | | | | | | | | | | | |
| 简  历 |  | | | | | | | | | | | | | | | |
| 家庭成员情况 | 姓名 | 关系 | | | | | 所在单位 | | | | 职务 | | | | 回避关系 | |
|  | | | | | | | | | | | | | | | |
| 招聘部门  审核意见 | 招聘部门签字签章 年 月 日 | | | | | | | | | | | | | | | |