附件2：红安县卫健系统公开招聘事业单位工作人员报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 |  | | | | 性 别 | | | | |  | | | | 民 族 | | | | | |  | | | | | 贴照片处  （1寸） | | | | |
| 出生年月 |  | | | | 政 治  面 貌 | | | | |  | | | | 应 届 或  社会在职 | | | | | |  | | | | |
| 工作单位 |  | | | | | | | | | | | | | 参 加  工作时间 | | | | | |  | | | | |
| 报考学历 |  | | | | | | 毕业院校 | | | | | | |  | | | | | | | | | | |
| 毕业时间 |  | | | | | | | | | | | | | 专业 | | | | | |  | | | | | | | | | |
| 身份证号 |  |  |  | | |  | |  |  | | |  |  | |  | |  | |  | |  |  | |  | |  |  |  |  |
| 通讯地址 |  | | | | | | | | | | | | | | | | | 联系电话1 | | | | |  | | | | | | |
| 家庭地址 |  | | | | | | | | | | | | | | | | | 联系电话2 | | | | |  | | | | | | |
| 报考单位 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报考岗位 |  | | | | | | | | | | | | | | | | | 岗位代码 | | | | |  | | | | | | |
| 个人简历 | （填写高中起学习、工作简历） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要  成员 | 姓名 | | | 关系 | | | | | | | 政治面貌 | | | | | 工作单位及职务 | | | | | | | | | | | | | |
|  | | |  | | | | | | |  | | | | |  | | | | | | | | | | | | | |
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| 诚信承诺 | 本人郑重承诺：此表我已完整填写，所填个人信息均属实，所提  供的材料真实有效，符合应聘岗位所需的资格条件。如信息填写不完整或有不实之处，产生的所有后果由本人承担。  签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报考资格审查意见 | 初审：  □符合应聘资格条件。  □不符合应聘资格条件。  审 查 人：  年 月 日 | | | | | | | | | | | | | | | | 复审：  □符合应聘资格条件。  □不符合应聘资格条件。  审 查 人：  年 月 日 日 | | | | | | | | | | | | |
| 备 注 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |