附件2：

西湖街道社区卫生服务中心公开招聘报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 报考岗位 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | 身份证号 |  | | |  |  |  |  | | | |  | |  |  | |  |  | |  | |  |  | |  |  |  | |  |  | 近期免冠  一寸彩照 | |
| 性别 |  | | 民族 |  | | | | | | | | 政治  面貌 | | | | | |  | | | | | 婚姻状况 | | | | |  | | | | |
| 户籍所在地 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学历  学位 | 全日制  教 育 | |  | | | 学校及专业 | | | | | | |  | | | | | | | | | | | | | | | | | | 毕业  时间 | | |  | |
| 在 职  教 育 | |  | | | 学校及专业 | | | | | | |  | | | | | | | | | | | | | | | | | | 毕业  时间 | | |  | |
| 联系  地址 |  | | | | | | | | | | | | | | | | | | | | 固定电话 | | | | | | | | |  | | | | | |
| 移动电话 | | | | | | | | |  | | | | | |
| 现工作（学习）单位 |  | | | | | | | | | | | | | | | | | | | | 健康状况 | | | | | | | | |  | | | | | |
| 个  人  简  历 | （注：个人简历包括教育经历和工作经历，教育经历从高中填起） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 其他资格证书情况、奖惩情况、职称情况和所报考职位要求的其他情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭  主要  成员  及  社会  关系 | 称谓 | 姓名 | | | 出生年月 | | | | | | | | | | 政治面貌 | | | | | | | | | | | 工作单位及职务 | | | | | | | | | |
|  |  | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
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|  |  | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |
| **本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。**  **申请人（签名）：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **初审**  **意见** | 签字：  年 月 日 | | | | | | | | | | **复审**  **意见** | | | | | | 盖章：  签字：  年 月 日 | | | | | | | | | | | | | | | | | | |