附件2：

长治市妇幼保健院2023年

公开招聘聘用制工作人员报名及资格审查登记表

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| 应聘科室或岗位（序号） | | |  | | | | | | | | | | | | | | | |  | |
| 姓 名 | |  | | | | 性别 | | |  | | | | | 出生年月 | |  | | |
| 身份证号 | |  | | | | | | | | | | | 学历/学位 | | |  | | |
| 毕业时间 | |  | | | | | | 毕业学校 | | | | | |  | | | | |
| 所学专业 | |  | | | | | 研究方向 | | | |  | | | | | | | |
| 执业证类别 | |  | | | | | | 籍 贯 | | | | | |  | | | | |
| 参加工作时间 | |  | | | | | | 现工作单位 | | | | | |  | | | | | | |
| 职务职称 | |  | | | 外语情况 | | | | |  | | | | 计算机 | |  | | 政治面貌 | |  |
| 联系手机 | |  | | | | | | | 微 信 | | | | |  | | | 电子邮箱 | |  | |
| 简  历 | 起止时间 | | | 学习/工作单位(从高中填起） | | | | | | | | | | | 专业/职位 | | | | | |
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| 主要家庭成员情况 | 姓 名 | | | 关系 | | | | | 年龄 | | | 文化程度 | | | 现工作单位 | | | | | |
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| 获奖及科研情况： （按要求将相应复印件附后） | | | | | | | | | | | | | | | | | | | | |
| 招聘单位资格审查意见 | 签名： 年 月 日 | | | | | | | | | | | | | | | | | | | |
| 备  注 | 1. 应聘人员填写此表，即代表所填写的资料真实可靠。如弄虚作假，单位一经查实，可随时取消其应聘资格；被聘用后可随时终止聘用合同，且单位不承担任何责任。  2. 应聘人员保证所提供的联系方式确保可以找到本人，否则后果自负。  签 名： | | | | | | | | | | | | | | | | | | | |