附件2：

安庆市第六人民医院2024度公开招聘工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 |  | | 民族 |  | | | 籍贯 |  | | | 政治面貌 | |  | 照  片 |
| 出生年月 |  | 学历 |  | | 身份  证号码 |  | | | | | | | | | |
| 毕业院校 |  | | | | | 所学专业 | | | | |  | | | | |
| 毕业时间 |  | | | | | 学制 | | | | |  | | | | |
| 获奖情况 |  | | | | | | | | | | | | | | | |
| 通讯地址 |  | | | | | | | | | | | | | 婚否 | |  |
| 相关资格证书、  获取时间 | |  | | | | | | | | 联系电话 | | | |  | | |
| 报考岗位 | |  | | | | | | | | 备注 | | | |  | | |
| 简  历 |  | | | | | | | | | | | | | | | |
| 家庭  主要  成员 | 称谓 | 姓名 | | 政治面貌 | | | | 工作单位及职务 | | | | | | | | |
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| 诚信承诺 | 本人所填写情况和提供的相关材料、证件均真实、有效。若有虚假，责任自负。  报考人签名： 年 月 日 | | | | | | | | | | | | | | | |
| 招聘部门初审意见 | （盖章）  年 月 日 | | | | | | 审查意见 | | | | | 年 月 日 | | | | |