附件2

宁波市海曙区卫生健康系统2024年第一次公开招聘

高层次专业技术人才报名表

报考单位： 报考岗位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | |  | | 身份  证号 |  |  |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  | |  |  | 近期免冠  一寸彩照 |
| 户口  所在地 | | |  | | 民族 |  | | | | | 性别 | | | |  | | | 政治  面貌 | | | | |  | | | | |
| 最高  学历 | | | 全日制教育 | |  | | | | | | 毕业时间 | | | | | | |  | | | | | | | | | |
| 在职教育 | |  | | | | | |
| 参加工作时间 | | |  | | 出生 年月 |  | | | | | 专业技  术职称 | | | | | | |  | | | | | | | | | | |
| 专业技  术职称取得时间 | | |  | | | | | | | | 执业证书注册范围 | | | | | | |  | | | | | | | | | | |
| 联系  地址 | | |  | | | | | | | | | | | | | | | 固定电话 | | | | | | |  | | | |
| 移动电话 | | | | | | |  | | | |
| E-mail | | |  | | | | | | | | | | | | | | | 邮 编 | | | | | | |  | | | |
| 最高学历毕业院校 | | | |  | | | | | | | | | | | | | | 所学专业 | | | | | | |  | | | |
| 生源地 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 现工作单位 | | | |  | | | | | | | | | | | | | | 工作职务 | | | | | | |  | | | |
| 个  人  简  历 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报审考核单意位见 | 年 月 日 | | | | | | | | | | | 区卫生健康局意见 | | | | 年 月 日 | | | | | | | | | | | | |