附件2

**永泰县乡村医生招聘报名表**

年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | 性别 | |  | | | | | 出生年月 | | | | |  | | | 政治面貌 | | | |  | | | | | 相  片 | | | |
| 民 族 |  | | 籍贯 | |  | | | | | 学 历 | | | | |  | | | 学 位 | | | |  | | | | |
| 毕业院校 | |  | | | | | | | | | | | | | | | | 毕业时间 | | | |  | | | | |
| 专 业 | |  | | | | | | | 专业技术职务（资格） | | | | | | | | |  | | | | | | | | |
| 学历类别  （全日制或成人） | | |  | | | | 联系电话 | | | | | | |  | | | | | 通讯地址 | | | | | |  | | | | | |
| 简历 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 与应聘岗位相关的实践经历或取得的成绩 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号码 | | |  |  | |  | |  | | |  |  |  | | |  |  |  | |  |  | |  |  | |  | |  |  |  |
| 报考单位 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资 格  审 查  意 见 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |