附件2

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| 2018年新津县医疗卫生事业单位公开引进  高层次专业技术人才报名表 | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | | 性别 | |  | | 出生年月  （岁） | | | | | | |  | | | | | 照片 |
| 民族 |  | | | | 籍贯 | |  | | 出生地 | | | | | | |  | | | | |
| 政治  面貌 |  | | | | 参加工  作时间 | |  | | 健康状况 | | | | | | |  | | | | |
| 专业技  术职务 |  | | | | | | 熟悉专业  有何专长 | |  | | | | | | | | | | | |
| 学历 |  | | | | | 毕业院校  系及专业 | | |  | | | | | | | | | | | | |
| 学位 |  | | | | |
| 联系  电话 |  | | | | | 电子  邮箱 |  | | | | | | | 通讯  地址 | | |  | | | | |
| 报考单位名称 | | |  | | | | | | | | | 报考岗位 | | | | | | | |  | |
| 参加学术团体及任职情况 | | |  | | | | | | | | | 参加民主党派及任职情况 | | | | | | | |  | |
| 身份证号 | | |  | | | | | | | | | | | | | | | | | | |
| 简  历 | | | 从高中填写至今 | | | | | | | | | | | | | | | | | | |
| 家  庭  主  要  成  员 | | | 称谓 | 姓名 | | | | 年龄 | | 政治面貌 | | | | | | | | 工作单位及职务 | | | |
|  |  | | | |  | |  | | | | | | | |  | | | |
|  |  | | | |  | |  | | | | | | | |  | | | |
|  |  | | | |  | |  | | | | | | | |  | | | |
|  |  | | | |  | |  | | | | | | | |  | | | |
| 获  奖  情  况 | | |  | | | | | | | | | | | | | | | | | | |
| 学术及专业（技能）水平简述 | | |  | | | | | | | | | | | | | | | | | | |
| 个  人  情  况  及  意  向 | | | 现工作单位 | |  | | | | | | | | | | | | | | | | |
| 现任职务职称 | |  | | | | | | | | | | | | | | | | |
| 何时可以  到位工作 | |  | | | | | | | | 其他 | | | | | |  | | |
| 本人已全文阅读本次《引进人才实施方案》并保证以上信息均为真实情况，若有虚假、遗漏、错误，责任自负。  考生（签名）：代报人（签名）： | | | | | | | | | | | | | | | | | | | | | |
| 用人单位审查意见 | | 审查人（签名）：  年月日 | | | | | | | | | 县卫计局审查意见 | | | | 复核人（签名）：  年月日 | | | | | | |