**附件2：**

**歙县人民医院2021年公开招聘周转池编制人员报名表**

报考单位： 报考岗位及代码：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓  名 | | |  | | | | | | | | | | | | | | | | | | | | | | 性 别 | | | | | | | |  | | | | | | 民 族 | | | | | | | | | | |  | | | | | | | | | | | | | 贴    照    片 | | | | | | |
| 身份证  号  码 | | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  |  | | |  | | |  | | | |  | | |  | |  | | | | |  | | |  | | |  | |  | | 出生  年月 | | | |  | | | | |
| 学历  学位 | | |  | | | | | | | | | | | | | 毕业院校 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 政治  面貌 | | |  | | | | | | | | | | | | | 毕业时间 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 所学  专业 | | | | | |  | | | | | |
| 现工作单位  （或住址） | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 参加工  作时间 | | | | | | | | | | |  | | | | | | | | 计算机  程　度 | | | | | ⒈熟练　⒉初步　⒊未入门 | | | |
| 家庭住址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 联系电话 | | | | | |  | | | | | | | | |
| 通讯地址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| 报考职位 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 是否服从分配 | | | | | | | | | | |  | | | | | | | | | 健康  状况 | | | | | | | |  | | | | 身高  （厘米） | | | |  | |
| 本人  简历 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受过何种奖  励或处分 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员 | | | 称谓 | | | | | | | | | | 姓　　名 | | | | | | | | | | | | | | | | 工作或学习情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| 用人单位审查意见 | | | 审查人签名：  年　   月  　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 县卫健委审查意见 | | | | | | | | | | 审查人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |
| 备  注 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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说明：1、本表由用人单位和县卫健委审查并填写审查意见，审查人员须签名。

2、考生必须填写，对填写情况真实性承担完全责任。