附件2

2018年安溪县公开招聘特岗全科医生报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | | 性别 |  | | 出生年月 | | |  | | | | 照  片 | | |
| 身份证号码 | | | |  | | | | | | | | | | | |
| 政治面貌 | | |  | | | | 民族 | | |  | 籍贯 | |  | | |
| 毕业院校、时间 | | | | |  | | | | | | | | | | |
| 专业 | |  | | | 学位 | | |  | | | | 英语  水平 | |  | | | 计算机水平 |  |
| 学历类型（全日制、成人高教、函授等) | | | | |  | | | | | | | | | 学制 | | |  | |
| 通讯地址 | | | | |  | | | | | | | 邮编 | |  | | | | |
| 专业技术资格证书（取得时间及编号) | | | | |  | | | | | | | 电话  号码 | |  | | | | |
| 现工作单位及职务 | | | | |  | | | | | | | 婚姻状况 | | |  | | | |
| 现执业资格 | | | | |  | | | | | | | 现职称  （几级） | | |  | | | |
| 主要简历（何年何月至何年何月在何学校学习、何单位工作任何职务) | | |  | | | | | | | | | | | | | | | |
| 奖惩情况 | | |  | | | | | | | | | | | | | | | |
| 调 剂 | 本人愿意服从调剂。  签名（盖章)： 年 月 日 | | | | | | | | | | | | | | | | | |
| 承诺 | 本人保证以上所填资料真实准确有效，如有违事实，愿意取消报名、聘用资格。  签名（盖章)： 年 月 日 | | | | | | | | | | | | | | | | | |

本表一式三份