附件2：

余姚市面向全日制毕业研究生招聘卫技事业人员报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 身份证号码 | | | |  | |  |  | |  |  |  | |  |  | |  |  |  | |  |  | |  |  | |  |  |  | 1寸照片 |
| 性别 |  | 出生年月 | | | |  | | | | | 学历/学位 | | | | |  | | | | | | | 政治  面貌 | | | | | |  | | | |
| 最高学历毕业时间 |  | | | | 毕业院校 | | | |  | | | | | | | | | | 所学专业 | | | | | | |  | | | | | | |
| 第一学历毕业时间 |  | | | | 毕业院校及所学专业 | | | |  | | | | | | | | | | 学历/  学位 | | | | | | |  | | | | | | |
| 应聘单位及岗位 |  | | | | | | | | | | | | | | 岗位编码 | | | |  | | | | | | | 外语等级 | | | | | | |  |
| 生源户籍所在地 | | |  | | | | | | | | | | | | | | | | 执业资格/职称 | | | | | | |  | | | | | | | |
| 通讯地址 |  | | | | | | 邮编 | | | | |  | | | | | | | | | 手机 | | | | | | | |  | | | | |
| 其他电话 | | | | | | | |  | | | | |
| 本  人  简  历 | （从初中开始） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家 庭  主 要  成 员  情 况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 真实性承诺 | 本人承诺：本人所填写的内容真实可靠，所提供的证书、证明等材料真实有效、取得途径合法。如有任何不实，本人愿意接受余姚市卫生健康局取消本人应聘、录用资格等有关处理决定。  签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 招 聘  资 格  审 核  意 见 | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |