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| 附件2  **安康市高新医院公开招聘2022年工作人员报名表** | | | | | | | | | |
| **应聘岗位：** | | | | | | | | **照**  **片** | |
| **姓名** |  | **性别** |  | **民族** |  | **籍贯** |  |
| **出生年月** |  | **职称** |  | **政治面貌** |  | **婚姻状况** |  |
| **联系电话** |  | | | **身份证号** |  | | |
| **邮箱** |  | | | **居住地址** |  | | |
| **教育背景** | | | | | | | | | |
| **学历** | **毕业院校** | | **专业** | | **学位证书** | | **毕业时间** | **学历层次** | **是否全日制** |
| **第一学历** |  | |  | |  | |  |  |  |
| **最高学历** |  | |  | |  | |  |  |  |
| **工作经历** | | | | | | | | | |
| **工作单位** | | **入职时间** | | **离职时间** | | **科室及岗位** | | **原工作单位固定电话**  **及联系人** | |
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| **家庭主要成员** | | | | | | | | | |
| **称谓** | | **姓名** | | **年龄** | **工作单位及职务** | | | **联系电话** | |
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| **★应聘人承诺：**  **我承诺应聘报名表中所填写的信息均是本人真实情况，愿意接受医院进行背景调查，并承诺若有虚构或隐瞒事项，愿意接受医院解除聘用合同处理，并无权向医院索要任何赔偿。本人被正式录用后，愿意服从医院岗位调配。**  **应聘人签名： 日期：** | | | | | | | | | |
| **医院**  **审核**  **意见** |  | | | | **备注** |  | | | |
| **✱注：1.“毕业学校、专业、学位证书、资格证书”均应与毕业证、学位证、资格证一致。** | | | | | | | | | |