附件2：

盐城市妇幼保健院2017年公开招聘编外专业技术人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | 性别 |  | | 民族 | |  | | 政治面貌 | |  | | 一寸免  冠照片 | | |
| 出生年月 |  | | | | 身份证  号 码 | | |  | | | | | | 籍贯 |  |
| 原始学历 | 毕业学校 | |  | | | | | | 所学专业 | |  | | | 学历 |  |
| 最高学历 | 毕业学校 | |  | | | | | | 所学专业 | |  | | | 学历 |  | 身高 | |  |
| 现专业技术 资格 | | |  | | | | | | 现专业技术资格 取得时间 | | | | | |  | | | |
| 家庭地址 |  | | | | | | | | 联系电话 | |  | | | | 特长 |  | | |
| 报考岗位代码 | |  | | | | | 报考岗位 | | | | | |  | | | | | |
| 简 历（从高中填起） |  | | | | | | | | | | | | | | | | | |
| 奖  惩  情  况 |  | | | | | | | | | | | | | | | | | |
| 家庭状况 | 称 谓 | | | 姓 名 | | | | 政治 面貌 | | | 工作单位及职务 | | | | | | 联系电话 | |
|  | | |  | | | |  | | |  | | | | | |  | |
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| 备注 |  | | | | | | | | | | | | | | | | | |