**大丰区选调民营医院卫技人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | 性别 | | |  | | | | 出生  年月 | |  | | 照  片 | |
| 学历 | |  | | 毕业时间、院校及专业 | | |  | | | | | | | | |
| 职称 | |  | | 执业资格 | | | | | |  | | | | | |
| 参加工作时间 | | |  | | | 入党（团）  时    间 | | | | |  | | | 受过何  种奖励  或处分 |  | | |
| 原工作单位 | | |  | | | | | | 工作岗位 | | | |  | | | | |
| 现选调单位 | | |  | | | | | | 工作岗位 | | | |  | | 报考  专业 | |  |
| 联系电话 | | |  | | | | | | | | | | | | | | |
| 单  位  意  见 | 年      月      日 | | | | | | | | | | | | | | | | |
| 主管部门意见 | 年      月      日 | | | | | | | | | | | | | | | | |
| 备  注 |  | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |