**附件2：**

**2019年淮阴区医疗卫生单位公开招聘人事代理人员报名表**

**年 月 日**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** | |  | | | | **民族** |  | | **照片粘贴处** |
| **籍贯** |  | **身份证号** | | | |  | | | | |
| **学历** |  | **毕业院校** | | | |  | | | | |
| **专业** |  | **毕业时间** | | | | |  | | | |
| **工作单位及职务** |  | **参加工作时间** | | | | |  | | | **工作岗位及职称** |  |
| **报考岗位** |  | | **岗位代码** | | | | | | |  | |
| **家庭地址** |  | | **联系电话** | | | | | | |  | |
|  | |
| **学习工作简历** |  | | | | | | | | | | |
| **家庭主要成员** | **姓名** | **关系** | | | **工作单位及职务** | | | | | | |
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| **工作单位意见** | **单位（盖章）**  **单位负责人签字：** | | | | | | | | | | |
| **本人承诺** | **本人相关情况及所提交材料均真实有效，否则自愿放弃应聘资格并接受相应处理**  **本人签字：** | | | | | | | | | | |

**报名资格审核人签字：**