附件2

**重庆市酉阳县面向2019应届全日制普通高校毕业生**

**考核招聘卫生计生事业单位工作人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 |  | | 身份证号 | |  |  | |  |  | |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| 出生  年月 |  | | | 民族 | |  | | | 政治  面貌 | | | | |  | | | | | | | | | | 照片 | | | | | | |
| 学历 |  | | | 学位 | |  | | | 所学  专业 | | | | |  | | | | | | | | | |
| 何年何月  何校毕业 | |  | | | | | | | | | | | | | | | | | | | | | |
| 取得何种  资格证件 | |  | | | | | | 联系  电话 | | |  | | | | | | | | | | | | |
| 报考单位 | |  | | | | | | | | | 报考岗位 | | | | | |  | | | | | | | | | | | | | |
| 户口  所在地 | |  | | | | | | | | | 通讯地址 | | | | | |  | | | | | | | | | | | | | |
| 个人  简历 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **报 考 人 承 诺 书**  本人承诺，本人符合报考岗位所要求的资格条件并对所填报的所有信息和提交资料的真实性、有效性负责，如有虚假，则取消报考资格。  报考人签字： 　　　　　　　　 2019年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备用  照片 | | | 审查人签字： 　　 　　　　　　　　 2019年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |