**附件2**

**酉阳县妇幼保健计划生育服务中心考核招聘非编护理和康复工作人员报名表**

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| 姓  名 |  | | | | | 性别 | |  | | | | | | 民族 | | |  | | | | | 近期1寸  照片 | | | |
| 出生年月 |  | | | | | 籍贯 | |  | | | | | | 政治面貌 | | |  | | | | |
| 职称、执业资格证书、职业证书 |  | | | | | | | | | | | | | 婚姻状况 | | |  | | | | |
| 联系电话 |  | | | | | | | | | | | | | 报考岗位 | | |  | | | | |
| 学历  （学位） | | | | | | | 毕业院校  及毕业时间 | | | | |  | | | | | | | | | | | | | |
| 所学专业及取得的学位 | | | | |  | | | | | | | | | | | | | |
| 身份证号 |  |  |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  | |  |  |  |
| 本人工作学习简历 | **时间** | | | | | | | | | | **单位** | | | | | | | | **岗位** | | | | | | |
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| 联系方式 | 称谓 | | | 姓名 | | | | | | 年龄 | | | | 政治面貌 | | | 工作单位 | | | | | | | | |
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| 应聘人员  签 名 | 本人确认自己符合拟报考岗位所需的资格条件，无规定的不属于招聘范围的情形，所提供的材料真实、有效，如经审查不符，承诺自动放弃考试和聘用资格。  应聘人：  年 月 日 | | | | | | | | | | | | | 资格  审查  意见 | | | 审查人签字:  审核日期： 年 月 日 | | | | | | | | |

填表说明：

1.请仔细阅读，认真填写；2.报考人员应如实准确填报各项报名信息，报名者对所提供材料的真实性、有效性负责。