贴照片处

（一寸彩照）

只需粘右上角一点

附件2

泰州市第三人民医院公开招聘备案制人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 报名序号（考生不填）： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 |  | | | | | | | 性 别 | | | |  | | | | 民族 | | | | |  | | | | | | | | 籍贯 | | | | |  | | | | | | | | | | 相  片 | | | | |
| 出生年月 |  | | | | | | | | 政治面貌 | | | | | | | | |  | | | | | | | 婚姻状况 | | | | | | | | | | |  | | | | | | | |
| 毕业院校及专业 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学 历 | | | | |  | | | | | | | | | | 毕业时间 | | | | | |  | | | | | | | 参加工作时间 | | | | | | | | | |  | | | | | |
| 工作单位 | | |  | | | | | | | | | | | | | | | | | | | 执业资格证 | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 身份证号 | | | |  | | |  | | |  |  | | |  | | |  | |  | | | | |  | |  | | | |  | | |  | | | |  | | |  |  |  | | |  |  |  |
| 报考单位名称 | | |  | | | | | | | | | | | | | | | | | | | | 岗位代码 | | | | | | | | |  | | | | | | | | 岗位名称 | | | |  | | | | |
| 通讯地址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | 联系电话  （至少2个） | | | | | | | | | | | |  | | | | | | | | | |
| 学习和工作经历  （从高中起填写，截止报名之日止） | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭成员情况 | | | | | | 姓 名 | | | | | | | 关 系 | | | | | | | | | | | 所在单位 | | | | | | | | | | | | | | | | | | | 职 务 | | | | | |
|  | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | |
| 承 诺 书 | | | | | | 本人提供的上述信息均真实有效，符合招聘公告规定的报考条件和岗位要求，并符合回避制度要求。如有不实，由此造成的一切后果自负，若被聘用，单位可随时解除与本人的聘用关系。  承诺人（签字）：  2017年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 用人单位  审查意见 | | 审核人：  2017年 月 日 | | | | | | | | | | | | | | | | | | 用人单位  主管部门  复审意见 | | | | | | | | | | | 审核人：  2017年 月 日 | | | | | | | | | | | | | | | | | |
| 备 注 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

填表前请仔细阅读填表说明！！！

**填表说明：**

1．请填表人实事求是地填写，以免影响聘用；

2．报考单位填写具体报考的单位名称（不要填主管部门），报考单位名称不得缩写，岗位代码必填；

3．姓名、性别、民族、籍贯、出生年月必填；

4．毕业院校及专业、毕业时间、学历必填；

5．工作单位：没有工作单位的填“无”；只要填写了工作单位就必须提供单位同意报考证明（如报名时不能提供，则在备注栏中承诺“体检前提供单位同意报考证明，否则，自动放弃体检资格”并签名）；

6．通讯地址、联系电话必填；

7．身份证号必填；

8．学习和工作经历必填，分时间段，从高中起填写，截止报名之日止；

9．家庭成员、回避关系情况填写完整；

10．承诺书必须由报名人签名（不得打印名字），如由他人代为报名，则由代报名人签上报名人、代报名人2人的姓名。