附件2

2024年宜兴市肿瘤医院医联体公开招聘高端及紧缺性人才报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本情况** | 姓 名 |  | | | | | | | | | | | | | | 性 别 | | | |  | | | （贴照片处） |
| 民 族 |  | | | 出生年月 | | | |  | | | | | | | 政治面貌 | | | |  | | |
| 身份证号 |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
| **报名情况** | 报考岗位名称 | |  | | | | | | | | | | | 报考岗位代码 | | | | | |  | | |
| 报考单位 | |  | | | | | | | | | | | 有无病史 | | | | | |  | | | |
| 现 住 址 | |  | | | | | | | | | | | 户籍所在地 | | | | | |  | | | |
| **教育情况** | 毕业院校 | |  | | | | | | | | | | | 全日制学历（学位） | | | | | |  | | | |
| 毕业专业 | |  | | | | 毕业时间 | | |  | | | | 培养方式 | | | | | |  | | | |
| 外语水平 | |  | | | | | | | | | | | 计算机水平 | | | | | |  | | | |
| **个人简历** |  | | | | | | | | | | | | | | | | | | | | | | |
| **家庭情况** | 称 谓 | 姓 名 | | | | 工 作 单 位 及 职 务 | | | | | | | | | | | | | | | | | |
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| **奖惩情况** |  | | | | | | | | | | | | | | | | | | | | | | |
| **其他信息** | 通讯地址 |  | | | | | | | | | | | | | 联系电话  （确保畅通有效） | | | |  | | | | |
| 原工作单位 |  | | | | | | | | | | | | | 参加工作时间 | | | |  | | | | |
| **对以上情况本人确认签字： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | |
| 以 下 内 容 由 工 作 人 员 填 写 | | | | | | | | | | | | | | | | | | | | | | | |
| 报名序号： 报考岗位： 报考岗位代码： 身份证号校对：  **审核人确认签字： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | |
| **审查意见** | **报考单位（盖章）： 年　　 月　 日** | | | | | | | | | | | | | | | | | | | | | | |