附件2

广汉市卫生健康局下属事业单位2025年公开

考核招聘工作人员报考信息表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | 性别 | | |  | | | | | | 联  系  电  话 | | | 移动  电话 | | |  | | | | | |
| 民 族 |  | | | | 政治  面貌 | | |  | | | | | | 固定  电话 | | |  | | | | | |
| 学 历 |  | | | | 学位 | | |  | | | | | | 健康状况 | | | | | |  | | | | | |
| 毕业院校 |  | | | | | | | | | | | | | 学习类别 | | | | | |  | | | | | |
| 专 业 |  | | | | | | | | | | | | |
| 工作单位 |  | | | | | 参加  工作  时间 | |  | | | | | | 职 务  (职称、等级） | | | | | |  | | | | | |
| 公民身份  号码 |  |  |  |  | | |  | |  |  |  |  | | |  |  | |  |  | |  |  |  |  |  |
| 通讯地址 |  | | | | | | | | | | | | 邮政编码 | | | | | | |  | | | | | |
| 家庭地址 |  | | | | | | | | | | | | | | | | | | | | | | | | |
| (始于中学)  个人简历 |  | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 奖惩情况 | |  | | | |
| 获得过何种  证书、有何特长 | |  | | | |
| 家  庭  成  员  情  况 | | 姓名 | 与本人关系 | 工作单位 | 职务 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 报考志愿 | 报考单位 |  | | | |
| 报考岗位 |  | | | |
| 岗位编码 |  | | | |

说明：

1.请应聘者认真阅读说明后如实填写。应聘者隐瞒有关情况或者提供虚假材料的，主管机关有权取消其资格，所造成的一切后果由应聘者本人承担。

2.“学习类别”指普通高等学校、成人高等教育、高等教育自学考试等。