附件2：

毕节医学高等专科学校

2018年面向社会公开招聘专业技术人员报名表

**报名序号：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | | | | **性别** | | |  | | | | | **民族** | | | |  | | | | | | **照片** | |
| **身份证号** |  | | | | | | | | | **出生日期** | | | | | |  | | | | | | | |
| **政治面貌** |  | | | | | | | | | **户 籍**  **所在地** | | | | | |  | | | | | | | |
| **学历** |  | | | | **学位** | |  | | | | | | | **毕业时间** | | | |  | | | | | |
| **所学专业具体名称** | | | | |  | | | | | | | **毕业**  **院校** | | | |  | | | | | | | |
| 工作单位 | | |  | | | | | | | | 工作年限 | | | | |  | | | | 参加工作时间 | | | | |  |
| 专业职称 | | | | |  | | | | | | | | 专业职务 | | | | | | | |  | | | | |
| 职业（从业）资格证 | | | | |  | | | | | | | | | | | | 电子邮箱 | | | |  | | | | |
| **是否满足该职位要求的其它报考条件** | | | | | | | |  | | | | | | | | | | | **联系电话** | | | | | |  |
| 具体说明 | （含在职在编单位名称） | | | | | | | | | | | | | | | | | | | | | | | | |
| **主要简历（从高中开始填写）** | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **报考单位及代码** | |  | | | | | | | | | | | | | **报考职位及代码** | | | | | | |  | | | |
| **考试科目** | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **报名信息确认栏** | | | | **以上填写信息均为本人真实情况，若有虚假、遗漏、错误，责任自负。**  **考生签名： 代报人员签名：** | | | | | | | | | | | | | | | | | | | | | |
| **原**  **单**  **位**  **意**  **见** | 提供单位证明或单位公章 2018年 月 日(盖章) | | | | | | **招考**  **单位**  **初审**  **意见** | | | | 审查人签字： 2018年 月 日(盖章) | | | | | | | | | | **招考**  **单位**  **复审**  **意见** | | 审查人签字： 2018年 月 日(盖章) | | |