**附件2**

**2024年下半年永嘉县卫生健康系统面向普通高校招聘优秀医学类毕业生报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | 性别 | | |  | | | | 出生年月 | | | | | | |  | | | | | | | 1寸照片 |
| 生源地 |  | | | | | 民族 | | |  | | | | 政治面貌 | | | | | | |  | | | | | | |
| 现户籍地 |  | | | | | | | | | | | | 婚姻状况 | | | | | | |  | | | | | | |
| 身份证号 |  |  |  |  |  | |  |  | |  |  |  | |  |  |  | | |  | |  | | |  |  |  |
| 工作单位 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学历  （学位） | 全日制普通高校本科 | | | | | | 毕业时间 | | | | | |  | | | | | | | | | | | | | | |
| 毕业院校及专业 | | | | | |  | | | | | | | | | | | | | | |
| 全日制普通高校  硕士研究生 | | | | | | 毕业时间 | | | | | |  | | | | | | | | | | | | | | |
| 毕业院校及专业 | | | | | |  | | | | | | | | | | | | | | |
| 本科  录取批次 |  | | | | | | | | 现综合成绩排名 | | | | | | | |  | | | | | | | | | | |
| 执业资格及取得时间 |  | | | | | | | | | | | | 专业技术资格及取得时间 | | | | | | | | | |  | | | | |
| 通讯地址 |  | | | | | | | | | | | | 手机号码 | | | | | | | | |  | | | | | |
| 报考单位 |  | | | | | | | | | | | | 招聘岗位  及岗位代码 | | | | | | | | | |  | | | | |
| 个人工作、学习简历（学习从高中开始填） |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 获得的主要荣誉 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 诚信承诺 | 以上本人个人有关信息及提供的证明、证件真实、准确、有效。如有虚假，本人自愿承担相应责任。  应聘人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 初审  意见 | 符合 （岗位）报考条件。  审查人签名:  年 月 日 | | | | | | | | | | | | 复审  意见 | | | | | 符合 （岗位）报考条件。  审查人签名:  年 月 日 | | | | | | | | | |
| 考核结果 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |

（正反面打印）