附件2：

拱墅区卫生和计划生育局公开招聘事业单位工作人员报名登记表

**报考岗位： 报考岗位代码：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | |  | 身份证号 |  |  |  |  | | |  |  | |  | |  |  | |  |  |  | |  |  |  |  | |  |  | 近期一寸  免冠照片 |
| 出 生  年 月 | | |  | 性别 |  | | 民族 | | | |  | | | 政治  面貌 | | | |  | | | | | 健康状况 | | |  | | | |
| 户 口  所在地 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 最 高  学 历 | | |  | | | | | | | 毕业时间 | | | | | | | | | | | |  | | | | | | | |
| 毕 业  院 校 | | |  | | | | | | | 所学专业 | | | | | | | | | | | |  | | | | | | | | |
| 现工作单 位 | | |  | | | | | | | 参加工作时间 | | | | |  | | | | | | | 职务职称 | | | | |  | | | |
| 联 系  地 址 | | |  | | | | | | | | | | | | | | | | | | | 固定电话 | | | | |  | | | |
| 移动电话 | | | | |  | | | |
| E-mail | | |  | | | | | | | | | | | | | | | | | | | 邮 编 | | | | |  | | | |
| 个  人  简  历 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。**  **本人自愿服从统一调配。**  **申请人（签名）： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报审考核单意位见 | （盖章）  年 月 日 | | | | | | | | 身  份  证  复  印  件  粘  贴  处 | | | |  | | | | | | | | | | | | | | | | | |

资格复审意见： 签名：