**附件2：**

黔西南州人民医院2025年秋季公开招聘报名表

**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 | | | | |  | | | | |
| 家庭住址 | |  | | | | | | | | | | | | | | |
| 学历 | |  | | | | 学位 |  | | | | 毕业时间 | | | | |  | | |
| 所学专 业具体 名称 |  | | | | | | | | 毕业院校 | | |  | | | | | | |
| 专业代码 | | | | |  | | | 职业（从业）资格证 | | | | | | | | | |  |
| 报考岗位名称 | | | |  | | | | | | | | | 报考岗位代码 | | | | |  |
| 联系电话 | | |  | | | | | | | | | 邮箱 | | |  | | | |
| 主 要 简 历 |  | | | | | | | | | | | | | | | | | |
| 其它需 要说明 事项 |  | | | | | | | | | | | | | | | | | |
| 报考信  息确认  及  承诺栏 | 本人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： | | | | | | | | | | | | | | | | | |
| 原用人单位审核意见 | 审查人签字：  2025年 月 日（盖章） | | | | | | | | | | | | | | | | | |
| 用人单  位审核  意见 | 审查人签字：  2025年 月 日（盖章） | | | | | | | | | | | | | | | | | |