附件2：

**2025年新沂市卫健委公开招聘编外专业技术人员报名表**

报名序号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本情况** | 姓名 |  | | | | | | | | | | | | | | | | | | 性别 | | | | | |  | | | | | | | | | （贴照片处） |
| 民族 |  | | | 出生年月 | | | | |  | | | | | | | | | | 政治面貌 | | | | | |  | | | | | | | | |
| 身份证号 |  |  |  | |  |  | |  | | |  |  | |  | |  | |  | |  | | |  |  | |  | |  |  | | |  | |
| **报名情况** | 报考单位及岗位名称（代码） |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **教育及职称情况** | 学历 |  | | | | | 学位 | | | | | |  | | | | | | | | | | 毕业时间 | | | | | | | |  | | | | |
| 毕业专业 |  | | | | | | | | | | | 专业方向 | | | | | | | | | |  | | | | | | | | | | | | |
| 毕业院校 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 获奖情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现有资格（职称） |  | | | | | | 资格（职称）  专业 | | | | | | | |  | | | | | | | | | | | 现有资格（职称）取得时间 | | | | | | |  | |
| 通讯地址 |  | | | | | | | | | | | | | | | | | | | | | 联系电话 | | | | | | | |  | | | | |
| 电子邮箱 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **简历**  （从高中阶段开始填写） | | 起止时间 | | | | | | | | | | | | 工作或学习单位 | | | | | | | | | | | | | | 所任职务或所学专业 | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |
| **家庭主要成员和主要社会关系** | | **称谓** | | | | | | | | | **姓名** | | | | | | | | | | | **工作单位** | | | | | | | | | | **职务** | | | |
|  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | |
|  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | |
|  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | |
|  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | |
|  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | |
|  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | |
|  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | |
| **本人承诺以上信息真实、准确、有效，如有虚假，责任自负。是否存在回避关系：**  **是🞎 否🞎**  **本人确认签字：**    **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **审核意见** | 初审人：  年 月 日 | | | | | | | | | | | | | | | | | 复审人：  年 月 日 | | | | | | | | | | | | | | | | | |

**说明：本表请双面打印（一式两份）**