附件2

**湖州市妇幼保健院2019年卫生高层次人才招聘报名表**

编号：

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | 性 别 | |  | | | 照  片 |
| 籍 贯 | |  | | | 出生年月 | |  | | |
| 学历学位 | |  | | | 毕业院校 | |  | | |
| 毕业时间 | |  | | | 所学专业及方向 | |  | | |
| 外语语种  及水平 | |  | | | 技术职称 | |  | | | |
| 政治面貌 | |  | | | 身份证号码 | |  | | | |
| 婚姻状况 | |  | | | 现工作单位 | |  | | | |
| 通讯地址 | |  | | | | | | | 邮政编码 |  |
| 是否取得执业证书 | |  | | | | 是否完成规培 | |  | | |
| 手 机 | | | |  | | | | | | |
| 起止年月 | | | 工作（学习简历）:工作单位、学习院校及专业 | | | | | | | |
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| 报名人员签字确认： | | | | | | | | | | |
| 其它需补充之内容 |  | | | | | | | | | |

填表时间：