**附件二：**

2018年无锡市中医医院公开招聘编外工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | 报考岗位 |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 报考单位 |  | | | | | | | | | | | | | | | | 有无病史 | | | | | |  | | | |
| 现 住 址 |  | | | | | | | | | | | | | | | | 户籍所在地 | | | | | |  | | | |
| **教育情况** | 毕业院校 |  | | | | | | | | | | | | | | | | 最高学历 | | | | | |  | | | |
| 毕业专业 |  | | | | | | 毕业时间 | | | |  | | | | | | 培养方式 | | | | | |  | | | |
| 外语水平 |  | | | | | | | | | | | | | | | | 计算机水平 | | | | | |  | | | |
| **简历**  **情况** |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **家庭情况** | 称 谓 | 姓 名 | | | | | 工 作 单 位 及 职 务 | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **奖惩情况** |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **其他信息** | 通讯地址 |  | | | | | | | | | | | | | | | | 联系电话 | | | | | |  | | | |
| 原工作单位 |  | | | | | | | | | | | | | | | | 参加工作时间 | | | | | |  | | | |
| **对以上情况本人确认签字： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 以 下 内 容 由 工 作 人 员 填 写 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报名序号： 报考岗位： 身份证号校对：    **审核人确认签字： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **审查意见** | 报考单位人事部门审查意见  印章  年　　月　　日 | | | | | | | | | | | | | | 主管部门审核意见  印章  年　　月　　日 | | | | | | | | | | | | |