**附件2：**

2019年响水县医疗保障局公开招聘

公益性岗位工作人员报名表

**序号：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 报考单位 |  | | | 报考岗位 | | | |  | | | | | | | 岗位代码 | | | | | | | | | |  | | | | 照 片 （正面近期 免冠二寸） |
| 姓名 |  | | 身份  证号 |  |  |  |  | |  |  |  |  |  |  | | |  | |  |  | |  | |  | |  |  |  |
| 性别 |  | | 出生年月 |  | | | | 户籍 | |  | | | | | | | | 政治  面貌 | | |  | | | | | | | |
| 毕业时间 | |  | | 毕业院校 | | | |  | | | | | | | | | | | | | | | | | | | | |
| 专 业 | |  | | | | | | 学历 | | | | | | | |  | | | | | | | 学位 | | | | | |  |
| 联系电话 | |  | | | | | | | | | | | | | | 健康状况 | | | | | | |  | | | | | | |
| 参加工作时 间 | |  | | | | | | | | | | | | | | 职 称 | | | | | | |  | | | | | | |
| 工作单位 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人简历(从高中填 写至今） | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报考人员承诺签名 | | 本人已仔细阅读招聘简章、岗位表等相关资料，承诺所填写的个人信息和所提供的资料真实准确，并符合招聘岗位的要求。如果由于填写个人信息或提供资料不准确、不真实而导致不能正常参加笔试、面试或取消聘用资格等情况，则由本人承担全部责任。  承诺人签字： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审核意见 | | 审核人(签名)： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |