附件2：

**2023年度宜城市卫生健康局所属事业单位公开招聘工作人员资格复审登记表**

报考单位： 报考岗位： 报考专业：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | |  | | | 身份证号 | | |  |  |  | |  |  | |  | |  |  |  |  |  |  |  |  |  | |  | |  |  |  |
| 户 口  所在地 | | |  | | 民  族 | |  | | | | | | 性 别  政治  面貌 | | | | |  | | | | 政治  面貌 | | | | |  | | | | |
| 最 高  学 历 | | |  | | | | | | | | | | | | 毕业时间 | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | |
| 最 高 学 历  毕 业 院 校 | | | | |  | | | | | | | | | | | | | | | | | 所学专业 | | | | | | |  | | | |
| 参加工作  时 间 | | | |  | | | | 健康状况 | | | |  | | | | | | | | | | 专业技术职 称 | | | | | | |  | | | |
| 现工作  单 位 | | | |  | | | | | | | | | | | | | | | | | | 工作职务 | | | | | | |  | | | |
| 联 系  地 址 | | | |  | | | | | | | | | | | | | | | | | | 移动电话 | | | | | | |  | | | |
| 固定电话 | | | | | | |
| 邮 编 | | | |  | | | | | | | | | | | | | | | | | | E-mail | | | | | | |  | | | |
| 个  人  简  历 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。  报考人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报考单位意见 | （审核人签字）  年 月 日 | | | | | | | | | | | 主管部门审核意见 | | | | | （审核人签字）    年 月 日 | | | | | | | | | | | | | | | |

注：以上表格内容必须认真填写，字迹清晰。