附件2

**宁波国家高新区（新材料科技城）2018年**

**公开选调卫生系统事业身份人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 报考岗位 |  | | 身份证号码 | |  |  |  |  | | |  |  |  |  |  | |  |  |  |  |  | |  | | |  |  |  | 贴照片处 |
| 姓名 |  | | 性别 | |  | | | | | | | | | | | 民族 | | | | | |  | | | | | | |
| 政治面貌 |  | | 出生年月 | |  | | | | | | | | | | | 户籍所在地 | | | | | |  | | | | | | |
| 全日制教育学历 |  | | 学位 |  | 专业 | | | | |  | | | | | | 毕业院校及毕业时间 | | | | | | | | |  | | | | |
| 在职教育  学历 |  | | 学位 |  | 专业 | | | | |  | | | | | | 毕业院校及毕业时间 | | | | | | | | |  | | | | |
| 职称证书 |  | | | | | | | | | | | | | | | 取得时间 | | | | | | | | |  | | | | |
| 执业证书 |  | | | | | | | | | | | | | | | 取得时间 | | | | | | | | |  | | | | |
| 事业身份 | 🗆是 🗆否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现工作单位及岗位 |  | | 现任职务 | |  | | | | | | | | | | | 近三年（学年）考核结果 | | | | | | | | |  | | | | |
| 家庭地址 |  | | | | 联系电话 | | | | | | | | | | |  | | | | | | | | | | | | | |
| 学习和工作简历（从高中毕业开始填写） |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本表所填写内容完全属实，如有作假，一经查实，愿意取消聘用资格。  承诺人签字： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 初审（签名） | |  | | | | | | | 复审（签名） | | | | | | | | | | | | | | |  | | | | | |

**本表须在一张A4纸上打印。**