附件2

2024年宜城市卫生健康局所属事业单位校园招聘

医务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。