附表2： **海南“聚四方之才”招聘会**

**三亚市卫生事业单位考核招聘人员报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | | | 性 别 | |  | | 籍贯 | |  | 贴  照  片 | |
| 出生年月 | |  | | | | | | 参加工作时间 | |  | | 政治面貌 | |  |
| 第一学历 | |  | | | 何时毕业于何院校 | | |  | | | | 所学专业 | |  |
| 现学历 | |  | | | 何时毕业于何院校 | | |  | | | | 所学专业 | |  |
| 报考职位 | |  | | | | | | 招考单位 | | | |  | | | | |
| 主要成果、专利及著作 | |  | | | | | | | | | | | | | | |
| 有何特长 | |  | | | | | | | | | | | | | | |
| 通信地址 | |  | | | | | | | | | | | | | | |
| 固定电话 | |  | | | | 手机 | | |  | | | | | E-MAIL | |  |
| 婚否 | |  | | 身份证号 | | | | |  | | | | | | | |
| 主  要  简  历 | 工作简历 | | | | | | | | | | 学习简历 | | | | | |
|  | | | | | | | | | |  | | | | | |
| 家庭主要成员 | 称 谓 | | 姓 名 | | | | 出生年月 | | | | 学历 | | 现单位及职务 | | | |
|  | |  | | | |  | | | |  | |  | | | |
|  | |  | | | |  | | | |  | |  | | | |
|  | |  | | | |  | | | |  | |  | | | |
| 初  审  意  见 | 负责人签名： 年 月 日 | | | | | | | | | | 初审人（签名）： 年 月 日 | | | | | |