附件2

**济南市钢城区公开招聘卫生健康公共服务岗位报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | **性 别** | |  | | | **出生年月** | |  |  | |
| **政治面貌** |  | | **民 族** | |  | | | **健康状况** | |  |
| **身份证号** |  | | | | **户籍所在地** | | |  | | |
| **常住户口所在地** |  | | | | **毕业院校 及专业** | | |  | | |
| **学历学位** |  | | **毕业时间** | |  | | | **所持证书** | | |  | |
| **报名单位** |  | | **报名岗位** | | |  | | | **原工作单位及职务** | | |  |
| **是否有 违法犯罪记录** |  | | **联系电话1** | |  | | | **联系电话2** | | |  | |
| **个人简历**  **（从大学填起）** |  | | | | | | | | | | | |
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| **家庭主要成员** | **关系** | **姓名** | | **出生年月** | | | **单位及职务** | | | | | |
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| **诚信承诺** | **我郑重承诺：本人所提供的个人信息、证明材料、证件真实、准确，并自觉遵守招聘的有关规定，诚实守信、严守纪律，认真履行应聘人员的义务，对因提供有关信息证件不实或违反有关纪律规定所造成的后果，本人自愿承担相应责任。**  **本人签名（手印）：**  **年 月 　 日** | | | | | | | | | | | |