附件2

禄丰市康养医疗产业投资有限公司2022年度招聘报名登记表

所报岗位名称：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **姓 名** | |  | **性 别** | | | | |  | | **出 生 年 月** | | |  | | | **一寸**  **免冠**  **照片** | |
| **民 族** | |  | **籍 贯** | | | | |  | | **参加工作时间** | | |  | | |
| **政治面貌** | |  | **学 历** | | | | |  | | **学 位** | | |  | | |
| **户口所在地** | |  | **婚姻状况** | | | | |  | | **健康状况** | | |  | | |
| **专业技术职称**  **或资格** | |  | | | | | | | | **联系电话** | | |  | | |
| **身份证号码** | |  | | | | | | **家庭住址** | |  | | | | | | | |
| **第一学历** | |  | **毕业院校及专业** | | | | |  | | | | | **毕业时间** | | |  | |
| **最高学历** | |  | **毕业院校及专业** | | | | |  | | | | | **毕业时间** | | |  | |
| **工作单位及岗位** | |  | | | | | | | | | | | | | | | |
| **工**  **作**  **经**  **历** | **起止时间** | | **在何单位工作** | | | **职务/职级** | | | | **下属人数** | **工作职责（概要）** | | | | | **证明人** | | **证明人电话** |
|  | |  | | |  | | | |  |  | | | | |  | |  |
|  | |  | | |  | | | |  |  | | | | |  | |  |
|  | **相关工作经历及自我评价：** | | | | | | | | | | | | | | | | | |
|  | **获得何种荣誉或奖励：** | | | | | | | | | | | | | | | | | |
| **学习经历（含高中）** | **起止时间** | | **在何学校学习** | | | | **学历/学位** | | | | | **专业** | | | **研究方向** | | **证明人** | |
|  | |  | | | |  | | | | |  | | |  | |  | |
|  | |  | | | |  | | | | |  | | |  | |  | |
| **培训经历** | **起止时间** | | **培训内容** | | | | | | | | | **培训单位** | | | | | **所获证书** | |
|  | |  | | | | | | | | |  | | | | |  | |
|  | |  | | | | | | | | |  | | | | |  | |
| **家**  **庭**  **关**  **系** | **姓 名** | | **关系** | | **年龄** | | | | **工作单位** | | | | | | | | **职 务** | |
|  | |  | |  | | | |  | | | | | | | |  | |
|  | |  | |  | | | |  | | | | | | | |  | |
| **本人承诺对以上所填内容及提供材料的真实性负责。若有不实，本人愿意承担取消录用资格等一切后果。**  **填表人 (签名)：**  **年 月 日** | | | | | | | | | | | | | | | | | | |
| **初审意见** | | **签名：**  **年 月 日** | | | | | | **复审意见：** | | | | | **签名：**  **年 月 日** | | | | | |