附件2

广西壮族自治区荣誉军人康复医院

2022年公开招聘工作人员报名登记表

报考岗位： 填报时间： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | 性别 | | |  | | | | 出生年月 | | |  | | | 身高(cm) | | | |  | | （1寸彩色  相片） | | |
| 籍贯 |  | | 民族 | | |  | | | | 参加工作时间（年月） | | |  | | | 婚姻状况 | | | |  | |
| 政治面貌 |  | | 入党时间 | | |  | | | | 专业技术资格（职称）及取得时间 | | |  | | | | | | | | |
| 联系方式 | 固话：  手机： | | | | | | | | | 身份证号码 | | |  | | | | | | | | | | | |
| 全日制教育 | | 学历  学位 | |  | | 学制 |  | | | 何时何校何专业毕业 | | | |  | | | | | | | | | | |
| 在职  教育 | | 学历  学位 | |  | | 学制 |  | | | 何时何校何专业毕业 | | | |  | | | | | | | | | | |
| 家庭详细地址 | |  | | | | | | | | | | | | | | | | 邮编 | | |  | | | |
| 现工作  单位 | |  | | | | | | | | | 职务 | | | |  | | | | | | 是否在编人员 | | |  |
| 个人学习简历（从高中填写起） | | 起止时间 | | | | | | 院校名称 | | | | | | | | | | | 专业 | | | | 研究方向 | |
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| 工 作 经 历 | | 起止时间 | | | | | | 所在单位 | | | | | | | | | | | 从事的工作及职务 | | | | | |
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| 奖惩情况（材料附上相应的复印件） | |  | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员 | | 称谓 | | | 姓名 | | | | 出生年月 | | | 政治面貌 | | | | | 工作单位及职务 | | | | | | | |
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| 报名人承诺 | | 本报名表所填内容正确无误，所提交的信息真实有效。如有虚假，本人愿承担由此产生的一切后果。  报名人签名： | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查意见 | |  | | | | | | | | | | | | | | | | | | | | | | |

备注：1、报名登记表用A4纸双面打印；2、不得涂改；3、“报名人承诺签名”需手写签名。