附件2：

**兰山区人民医院公开招聘非在编人员报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 |  | 出生年月 | | |  | | | 贴1寸照片 | |
| 籍贯 |  | 家庭地址 |  | | | | | | |
| 身份证号 |  | | 毕业院校及专业 | |  | | | | 毕业时间 | |  |
| 学历  学位 |  | 手机号 |  | | | 取得执业资格情况 | |  | | | |
| 报考岗位 | |  | | | | | | | | | |
| 学习工作简历 |  | | | | | | | | | | |
| 备注 |  | | | | | | | | | | |