附件2

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| **贵州益思达医疗科技集团有限责任公司公开招聘报名表** | | | | | | | | | | |
|
| 姓名 |  | 应聘岗位 |  | | | | | | | 贴照片处 |
| 性别 |  | 年龄 |  | 民族 | |  | 籍贯 |  | |
| 政治面貌 |  | 婚姻 状况 |  | 最高 学历 | |  | | | |
| 出生年月 |  | | | 可到职 日期 | |  | | | |
| 联系方式 |  | | 备用联系方式 | |  | | 电子邮箱 | |  | |
| 通讯地址 |  | | | | | | | | | |
| 学历情况 | | | | | | | | | | |
| 起止时间 | | 毕业院校 | | | | | 专业 | | | 学历 |
|  | |  | | | | |  | | |  |
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|  | |  | | | | |  | | |  |
| 职称及执业资格证书 | | | | | | | | | | |
| 取证时间 | | 证书名称 | | | | | | | | |
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|  | |  | | | | | | | | |
| 工作经历 | | | | | | | | | | |
|  | | | | | | | | | | |
| 家庭情况 | | | | | | | | | | |
| 姓名 | | 与本人 关系 | 工作单位 | | | | 职务 | | | 联系方式 |
|  | |  |  | | | |  | | |  |
|  | |  |  | | | |  | | |  |
|  | |  |  | | | |  | | |  |
| 填表者： 年 月 日 | | | | | | | | | | |