附件

**衢州市第二人民医院医共体公开选聘分院院长报名表（A类）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | | 性别 | | |  | | | 出生年月 | |  | | | | | 民族 | | |  | 近期照片  （免冠正面） | | |
| 婚姻状况 |  | 参加工作时间 | | |  | | | | | | 是否中共党员 | | | | |  | | 入党时间 | |  | | | |
| 家庭住址 | |  | | | | | | | | | | | | | 电话 | | |  | | | | | |
| 全日制学历 | |  | | | | | | 毕业时间  学校及专业 | | | | |  | | | | | | | | | | | | | |
| 最高学历  及学习形式 | |  | | | | | | 毕业时间  学校及专业 | | | | |  | | | | | | | | | | | | | |
| 专业技术职务 | |  | | | | | | 专技职务  任职时间 | | | | |  | | | | | | 专技职务  聘任时间 | | | | |  | | |
| 现工作单位  及职务 | |  | | | | | | | | | | | | | | | | | 任现职  时间 | | | | |  | | |
| 工作简历 | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 近三年考核情况 | | 2016 | | | |  | | | | | | 2017 | | | | |  | | | | 2018 | | | |  | |
| 主要奖惩情况 | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 选聘岗位 | | A类职位 | |  | | | | | B类职位 | | | | |  | | | | | | | | 是否服从调配 | | | |  |
| **本人承诺，此表填写内容及所提供全部报名材料均属实。**  签名： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 衢州市第二人民医院医共体公开选聘分院院长领导小组办公室  审核意见 | | | （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |

**备注：A类职位在空格内打“√”，如选报B类职位在空格内写明具体分院。**

**衢州市第二人民医院医共体公开选聘分院院长报名表（B类）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | 性别 | |  | | | 出生年月 |  | | | | | 民族 | | |  | 近期照片  （免冠正面） | | |
| 婚姻状况 |  | 参加工作时间 | |  | | | | | 是否中共党员 | | | |  | | 入党时间 | |  | | | |
| 家庭住址 | |  | | | | | | | | | | 电话 | | |  | | | | | |
| 全日制学历 | |  | | | | | 毕业时间  学校及专业 | | | |  | | | | | | | | | | | | |
| 最高学历  及学习形式 | |  | | | | | 毕业时间  学校及专业 | | | |  | | | | | | | | | | | | |
| 专业技术职务 | |  | | | | | 专技职务  任职时间 | | | |  | | | | | 专技职务  聘任时间 | | | | |  | | |
| 现工作单位  及职务 | |  | | | | | | | | | | | | | | 任现职  时间 | | | | |  | | |
| 工作简历 | |  | | | | | | | | | | | | | | | | | | | | | |
| 近三年考核情况 | | 2016 | | |  | | | | | 2017 | | | |  | | | | 2018 | | | |  | |
| 主要奖惩情况 | |  | | | | | | | | | | | | | | | | | | | | | |
| 选聘岗位 | |  | | | | | | | | | | | | | | | | | 是否服从调配 | | | |  |
| **本人承诺，此表填写内容及所提供全部报名材料均属实。**  签名： | | | | | | | | | | | | | | | | | | | | | | | |
| 衢州市第二人民医院医共体分院院长公开选聘领导小组办公室  审核意见 | | | （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | |

**备注：在选聘岗位空格内写明具体分院。**