附件3

新乡医学院第二附属医院公开选聘报名表

时间：2022年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 | |  | | | | 出生年月 | | | | |  | | |
| 学历 |  | | 学位 | | |  | | | | | 入党时间 | | | |  | |
| 专业技术职称 | | |  | | | | | 任职时间 | | | |  | | | | |
| 年度考核情况 | | 2019年度 | |  | | | 2020年度 | | |  | | | 2021年度 | | |  |
| 公开选聘岗位 |  | | | | | | | | | | | | | | | |
| 工  作  简  历 |  | | | | | | | | | | | | | | | |
| 荣  誉  称  号 |  | | | | | | | | | | | | | | | |
| 主  要  工  作  业  绩 |  | | | | | | | | | | | | | | | |