**附件2**

**江西中医药高等专科学校应聘人员一览表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **应聘部门** | **岗位** | **姓名** | **性别** | **年龄** | **身份证号** | **政治面貌** | **籍贯** | **本科阶段** | | | | **联系电话** |
| **专业** | **学校** | **学位** | **毕业时间** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

注：请将此表电子版发送至zygzrsc@163.com邮箱。