附件2

浠水县卫健系统2024年第二批大学生乡村医生

专项公开招聘报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 |  | | | | | | 性 别 | | | | |  | | | | | 民 族 | | | | | | | |  | | | | | | 照 片 | | | | | |
| 出生年月 |  | | | | | | 政 治  面 貌 | | | | |  | | | | | 籍 贯 | | | | | | | |  | | | | | |
| 毕业学校及专业 |  | | | | | | | | | | | | | | | | 毕业时间 | | | | | | | |  | | | | | |
| 具有何种  资格等级证书 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 文化程度 | 专科 | | | |  | | | | | 本科 | | | | | |  | | | | | 硕士 | | | | | |  | | | | 博士 | | | |  | |
| 身份证号 |  |  |  |  | | | |  |  | |  | | |  |  | | |  |  | | |  | |  | |  | |  |  | | |  |  |  | |  |
| 通讯地址 |  | | | | | | | | | | | | | | | | | | | | | | 住宅电话 | | | | | | |  | | | | | | |
| 单位电话 | | | | | | |  | | | | | | |
| 家庭地址 |  | | | | | | | | | | | | | | | | | | | | | | 手 机 | | | | | | |  | | | | | | |
| 报考岗位 |  | | | | | | | | | | | | | | | | | | | | | | 岗位代码 | | | | | | |  | | | | | | |
| 是 否  服从调剂 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人简历（从高中写起） |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要  成员 | 姓名 | | | | | 关系 | | | | | | | 政治面貌 | | | | | | | 工作单位及职务 | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | |
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| 诚信承诺 | 本人郑重承诺：此表我已完整填写，所填个人信息均属实，所提供的材料真实有效，符合应聘岗位所需的资格条件。如信息填写不完整或有不实之处，出现所有后果由本人承担。  本人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报考资格审查意见 | 经审查：□符合应聘资格条件。  □不符合应聘资格条件。  审查人：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |