附件2：

巫溪县2020年考核招聘定向全科医学生报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 | | |  | | | 民族 | |  | | | 照片 | |
| 出生年月 |  | | 籍贯 | | |  | | | 政治面貌 | |  | | |
| 学历 |  | | 学位 | | |  | | | 学制 | |  | | |
| 毕业时间、院校及专业 | | | |  | | | | | | | | | |
| 职称/执业资格证书 |  | | | | | | | | | | | | | | |
| 身份证号码 |  | | | | | | 联系电话 | | | | |  | | | |
| 报考单位 |  | | | | | | 报考岗位 | | | | | |  | | |
| 学习经历 |  | | | | | | | | | | | | | | |
| 工作经历 |  | | | | | | | | | | | | | | |
| 何时何地受过何种奖惩 |  | | | | | | | | | | | | | | |
| 家庭主要成员及重要  社会关系 | 与本人  关系 | 姓名 | | | 出生年月 | | | 政治面貌 | | 工作单位及职务 | | | | | 户口所在地 |
|  |  | | |  | | |  | |  | | | | |  |
|  |  | | |  | | |  | |  | | | | |  |
|  |  | | |  | | |  | |  | | | | |  |
| 承诺：本人填写的信息和提供的材料真实、准确。如有虚假，一经查实取消招聘资格。    本人签名： 年 月 日 | | | | | | | | | | | | | | | |
| 招聘单位审核意见 |  | | | | | | | | | | | | | | |