附件2：

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| 姓 名 |  | | | | 性 别 | | | |  | | | | 民 族 | | | |  | | | | | 照 片 | | | |
| 出生年月 |  | | | | 政 治  面 貌 | | | |  | | | | 籍 贯 | | | |  | | | | |
| 本人户籍  所 在 地 |  | | | | | | | | | | | | 健康状况 | | | |  | | | | |
| 毕业学校 |  | | | | | | | | | | | | 毕业时间 | | | |  | | | | |
| 学 历 |  | | | | | | | | | | | | 学 位 | | | |  | | | | | | | | |
| 专业名称 |  | | | | | | | | | | | | 参 加  工作时间 | | | |  | | | | | | | | |
| 工作单位 及 职 务 |  | | | | | | | | | | | | 岗位要求  相关证书 | | | |  | | | | | | | | |
| 身份证号 |  |  |  | | |  |  |  | | |  |  | |  |  |  | |  |  |  |  | |  |  |  |
| 家庭地址 |  | | | | | | | | | | | | 个人电话 | | | |  | | | | | | | | |
| 紧急联系  电 话 | | | |  | | | | | | | | |
| 报考志愿 | 岗位代码 | | |  | | | | | | | | | | | | | | | | | | | | | |
| 单位名称 | | |  | | | | | | | | | | | | | | | | | | | | | |
| 岗位名称 | | |  | | | | | | | | | | | | | | | | | | | | | |
| 个人简历 | （请说明高中至今的学习、工作经历，简历时间不得间断）  例如：2015.09-2018.07 XX学校 高中  2018.09-2021.07 XX学校 大专 | | | | | | | | | | | | | | | | | | | | | | | | |
| 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。  本人签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |

塔河县中医医院事业单位急需紧缺人才

公开招聘报名登记表