**附件2：**

塔河县2023年医疗卫生事业单位急需紧缺人才

公开招聘报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | 性 别 | | | |  | | | | 民 族 | | | |  | | | | | 照 片 | | | |
| 出生年月 |  | | | | 籍 贯 | | | |  | | | | | | | | | | | | |
| 本人户籍  所 在 地 |  | | | | 政 治  面 貌 | | | |  | | | | 健康状况 | | | |  | | | | |
| 毕业学校 |  | | | | | | | | | | | | 毕业时间 | | | |  | | | | |
| 学 历 |  | | | | | | | | | | | | 学 位 | | | |  | | | | | | | | |
| 所学专业 |  | | | | | | | | | | | | 现工作单位 及 职 务 | | | |  | | | | | | | | |
| 考生当前  所在位置 |  | | | | | | | | | | | | 岗位要求  相关证书 | | | |  | | | | | | | | |
| 身份证号 |  |  |  | | |  |  |  | | |  |  | |  |  |  | |  |  |  |  | |  |  |  |
| 加分项 | ① □ 疫情防控一线的编制外医务人员  ② □ 县内公立医疗卫生机构在岗聘用的医疗卫生技术人员  ③ □ 具有执业助理医师证书 □ 执业护（药）师证书 □ 执业医师证书  □ 具有医疗相关专业助级专业技术职务任职资格 □ 中级专业技术职务任职资格  □ 副高级及以上专业技术职务任职资格 | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭地址 |  | | | | | | | | | | | | 联系方式 | | | |  | | | | | | | | |
| 备用联系  方式 | | | |  | | | | | | | | |
| 报考志愿 | 报考单位名称 | | | | | | | | | | | | | | 岗位代码 | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | |
| 个人简历  （初中及以上院校学习和社会经历） |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要  成 员 | 姓 名 | | | 关 系 | | | | | | 政治面貌 | | | | 工作单位及职务 | | | | | | | | | | | |
|  | | |  | | | | | |  | | | |  | | | | | | | | | | | |
|  | | |  | | | | | |  | | | |  | | | | | | | | | | | |
|  | | |  | | | | | |  | | | |  | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | |