|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件2  盐城市大丰区2025年农村订单定向医学生定向招聘报名表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | 性别 |  | 身份 证号 |  |  | |  | |  |  | |  | |  | |  |  |  |  |  |  |  | |  |  |  |  |
| 出生年月 |  | 籍贯 | |  | | | | | 政治面貌 | | | | |  | | | | | | | | | | 照片 粘贴处 | | | | |
| 民族 |  | 报考岗位 | |  | | | | | | | | 报考岗位代码 | | | | | | |  | | | | |
| 毕业时间 |  | | 毕业  院校 |  | | | | | | | | | | | | | | | | | | | |
| 学历 |  | | 学位 |  | | | | | 专业 | | | | | | |  | | | | | | | |
| 联系地址 |  | | | | | | | | | | | | | | | 联系电话1 | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | 联系电话2 | | | | |  | | | | | | | |
| 职称 |  | | | | | | | | | | | | | | | 健康状况 | | | | |  | | | | | | | |
| 个人简历  (从高中填写至现在) |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否存在不符合招聘条件的情形 | | | | | | | | | | | | | | | | 是( ) 否( ) | | | | | | | | | | | | |
| 报考人员承诺签名 | 本人已仔细阅读招聘公告、岗位表等相关资料，承诺所填写的个人信息和所提供的资料真实准确，并符合招聘岗位条件的要求。如果由于填写个人信息或提供资料不准确、不真实而导致不能正常参加笔试、面试或取消聘用资格等情况，由本人承担全部责任。  承诺人签字： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审核意见：  初审人签名： 年 月 日 | | | | | | | 审核意见：    复核人签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | |
| 说明 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**注意**：本表中所填内容以及所提供材料均真实有效，如有不实之处，取消录用资格。