附件2

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **报考岗位名称** | | |  | | | **报考岗位编码** |  | | | **贴照片处** |
| **姓 名** | | |  | | | **性 别** |  | | |
| **民族** | | |  | | | **政治面貌** |  | | |
| **联系电话** | | |  | | | | | | |
| **身份证号码** | | |  | | | **年龄**  **(周岁)** |  | | |
| **全日制教育** | **学历学位** | | | |  | **毕业院校及专业** | | |  | |
| **在职**  **教育** | **学历学位** | | | |  | **毕业院校及专业** | | |  | |
| **现工作单位** | | |  | | | **职务（职称）** | |  | | |
| **何时取得何种专业技术任职资格** | | | |  | | | | | | |
| **何时担任现职（具体从事何种工作）** | | | |  | | | | | | |
| **报考单位** | | | |  | | | | | | |
| **考生承诺** | | **本人承诺：报名资格审查表填写内容准确属实,如有笔误，由本人承担责任。如有隐瞒或提供虚假材料，取消报考或调动资格。**  **承诺人签名：** | | | | | | | | |
| **报名资格审核意见** | | **审查人员签名： 年 月 日** | | | | | | | | |
| **备注** | |  | | | | | | | | |

盐源县2025年医疗卫生辅助岗位招募报名登记表