附件2

**响水县卫健系统事业单位2023年公开招聘**

**定向医学毕业生报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | 性别 |  | | 身份证号 | | |  | |  |  |  |  |  |  | |  |  |  |  | | |  |  | |  |  |  |  |  |
| 籍贯 |  | 学历 | |  | | | 学位名称 | | | | | |  | | | | | | | | | 贴照片处  （另一张点贴于  本表右下角） | | | | | | | | |
| 毕业院校 |  | | | | | | 毕业时间 | | | | | |  | | | | | | | | |
| 岗位代码及专业 |  | | | | | | | | | | | | | | | | | | | | |
| 掌握外语  及程度 |  | | | | | | 计算机掌握程度 | | | | | |  | | | | | | | | |
| 专业技术  职务 |  | | | | | | 已考取有关资格 | | | | | |  | | | | | | | | | | | | | | | | | |
| 政治面貌 |  | | | 婚否 | | |  | | 报考岗位 | | | | | | |  | | | | | | | | | | | | | | |
| 通讯地址 |  | | | | | | | | | | | | | | | 邮政编码 | | | | | | | | |  | | | | | |
| 联系电话 |  | | | | |  | | | | | | | | | | 户籍所在地 | | | | | | | | |  | | | | | |
| 现工作单位及职务 |  | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | |
| 简历  （自高中起，时间到月） |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作或  社会实践  经历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩  情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要科研  成果  （论文、著作等） |  | | | | | | | | | | | | | | | | | | | | 照片2 | | | | | | | | | |
| 回避关系 |  | | | | | | | | | | | | | | | | | | | |
| 其他须  说明事项  或要求 |  | | | | | | | | | | | | | | | | | | | |

**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。