附件2

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2025年盘锦市全科医生特岗计划公开招聘报名登记表  报名序号： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 考生姓名 | | |  | | | | | | | | | | | | | | 性 别 | | | | | |  | | | | | | | 民 族 | | | |  | | | **打印照片处**  **（2寸电子版近期蓝底彩色证件照片）** | |
| 身份证号 | | |  |  | | | |  | |  |  |  | |  |  |  | |  |  | |  |  | |  |  |  | |  |  | 户 籍 | | | |  | | |
| 学 历 | | | | |  | | | | | | | | | | | | | | | 学 位 | | | | | | | | | | | |  | | | | |
| 毕业院校 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所学专业 | | | | |  | | | | | | | | | | | | | | | | | | | | | | 毕业时间 | | | |  | | | | | |
| 现工作单位 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | 具有基层工作经历年限 | | | | |  |
| 报考岗位要求的职称证、资格证等证书 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | 移动电话 | | |  | | |
| 固定电话 | | |  | | |
| 岗位代码 | | | | | | | | | | | | | 报考单位 | | | | | | | | | | | | | | | | | | | | | | 报考岗位 | | | |
|  |  |  | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 个人简历  （包括学习经历和  社会工作经历） | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **考生承诺书：本人保证符合该岗位报考条件，提供的所有材料、证件真实、有效。如情况不属实同意取消聘用资格，责任自负。 承诺人（考生手写签字）：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格初审意见 | | | | | | | 审查人签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格复审意见 | | | | | | | 审查人签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备 注 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 复 |  |  |

注：1、“岗位代码”为考生报考单位及岗位的依据，为必填项，请务必填写准确。

2、招考岗位的资格条件信息为必填项，不得漏填或错填。

3、此表除承诺人签字需本人亲笔填写外其余信息均要求打印（包含照片）。

4、报名序号在报名时由工作人员填写。