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| 附件2 | |  | |  | | |  |  | |  | | |  |
| 大邑县卫生健康局2025年医疗卫生辅助岗报名表 | | | | | | | | | | | | | |
| **报名岗位：** | |  | | | | | | **填表时间：** | | 年 月 日 | | | |
| **姓 名** | |  | | | **性 别** |  | | **出生日期** | |  | | 照片 | |
| **民 族** | |  | | | **户籍所在地** |  | | **政治面貌** | |  | |
| **最高学历** | |  | | | **学 位** |  | | **专 业** | |  | |
| **健康状况** | |  | | | | **是否为符合条件的公共卫生特别服务岗人员（是/否）** | | | | | |  | |
| **身份证号码** | |  | | | | | **手机号码** | |  | | | | |
| **现住址** | |  | | | | | **电子邮箱** | |  | | | | |
| **教 育 经 历** | **起止 时间** | | **学校名称** | | | | **专业** | | **学历** | | **学习方式（全日制/非全日制）** | | |
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| **家庭主要成员情况** | | **关系** | | | | **姓名** | | | **工作单位及职务** | | | | |
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| **本人承诺** | | **本人自愿参加大邑县卫生健康局2025年医疗卫生辅助岗招募，保证本人填报的信息与提供的材料真实、正确、有效，否则取消录用资格。** | | | | | | | **本人签字（手印）：** | | | | |