附件2

辽宁省医疗保障事务服务中心（辽宁省医疗保障基金运行管理

事务中心）2025年赴高校现场公开招聘工作人员报名信息表

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| **报考单位** | |  | | | | | **报考岗位** | | | | | | |  | | | |
| **姓 名** | |  | | **性别** | | |  | | | **民族** | | | |  | | **一寸免冠照片** | |
| **出生年月** | |  | | **政治面貌** | | |  | | | **籍 贯** | | | |  | |
| **学历学位** | |  | | **身份证号码** | | |  | | | | | | | | |
| **入党时间** | |  | | **家庭具体**  **住址** | | |  | | | | | | | | |
| **出生地** | |  | | **联系方式 （手机）** | | |  | | | | | | **电子邮箱** | | |  | |
| **本科学习成绩排名** | | | | **例：2/32** | | | **最高学历期间学习成绩排名** | | | | | | | | | **例：2/32** | |
| **学习及工作经历（从高中填起）** | | | | | | | | | | | | | | | | | |
| **起止年月** | | | **学校学院 /单位** | | | | | | **就读专业(研究方向)**  **/工作职务** | | | | | | | | **学历/学位** |
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| **担任学生干部经历（自本科起）** | | | | | | | | | | | | | | | | | |
| **起止年月** | | | **学校名称** | | | **职务名称** | | | | | **主要职责** | | | | | | |
| **20XX.0X-20XX.0X** | | |  | | |  | | | | |  | | | | | | |
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| **有何特长及兴趣爱好** |  | | | | | | | | | | | | | | | | | |
| **发表论文专利及参与科研项目情况** |  | | | | | | | | | | | | | | | | | |
| **奖惩**  **情况** |  | | | | | | | | | | | | | | | | | |
| **家庭成员及主要社会关系** | **称谓** | | | | **姓名** | | | **出生**  **年月** | | | | **政治**  **面貌** | | | **工作单位及职务** | | | |
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| **个人承诺：此表所填的内容及提供的有关证件材料真实有效，否则，由此引起的一切后果将由本人负责。**  **报名者（本人签字）：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **年 月 日** | | | | | | | | | | | | | | | | | | |

**填表说明：此表须如实填写，并与所报的岗位条件相符，如不相符，将取消面试或聘用资格，后果由本人负责。**