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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件2  ****盂县2025年“乡招村用”公开招聘乡镇卫生院工作人员报名人员信息表**** | | | | | | | | | | | | | | |
|  |  | |  | |  | |  | | | |  |  | |  |
| 姓名 | |  | | 身份证号码 | |  | | | | | | | 照片 | |
| 出生年月 | |  | | 性别 | |  | | 民族 | |  | | |
| 政治面貌 | |  | | 学历 | |  | | 联系方式 | |  | | |
| 执业资格名称 | |  | | | | 取得执业资格时间 | | | |  | | |
| 毕业院校 | |  | | 专业 | |  | | 毕业时间 | |  | | | | |
| 从事村医时间 | |  | | 所在乡镇、村 | |  | | 报考岗位 | |  | | | | |
| 家庭住址 | |  | | | | | | | | | | | | |
| 个人简历 | |  | | | | | | | | | | | | |
| 乡镇卫生院  签字盖章  年    月    日 | | | | | | | | | 医疗集团  签字盖章  年    月    日 | | | | | |
| 主管局盖章  年       月      日 | | | | | | | | | | | | | | |