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| **姓名** |  | **性别** |  | | | **出生**  **年月** |  | | |  | |
| **政治**  **面貌** |  | **身份证号码** | |  | | | | | |
| **专业资格及职称** |  | **户籍地** |  | | **联系**  **电话** | | |  | |
| **报考**  **单位** |  | | | | **报考**  **岗位** | | |  | | | |
| **毕业**  **院校** |  | **所学**  **专业** |  | | **学历** | | |  | **学位** | |  |
| **学**  **习**  **和**  **工**  **作**  **经**  **历** |  | | | | | | | | | | |
| **报名者诚信保证** | **本人承诺：以上所填写信息及提供资料真实、准确，学历等资格条件符合报考要求，如有虚假，责任自负。**  **本人签字（手写）：**  **年 月 日** | | | | | | | | | | |
| **备用照片粘贴处** |  | | | | | | | | | | |

附件2

**盐山县2020年卫健系统公开招聘医务工作人员报名表**