附件2

靖江市2025年农村订单定向免费培养

医学毕业生招聘报名表

　　报名序号（报考人员不填） ：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓　　名 |  | | 身份证号 | | | |  |  | |  |  |  | |  | |  | |  |  |  | |  |  |  |  |  |  |  |  |
| 户籍所在地 |  | | 籍贯 |  | | | | | | 性别 | | |  | | | | 民族 | | | |  | | | 贴照片处  （一寸彩照） | | | | | |
| 政治面貌 |  | | | 学历 | | | | | |  | | | | | | | | | | | | | |
| 毕业院校 |  | | | | | | | | | | | 毕业时间 | | | | | | |  | | | | |
| 所学专业  （以毕业证为准） |  | | | | 所获学位  （以学位证为准） | | | | | | | | | |  | | | | | | | | |
| 家庭地址 |  | | | | | | | | 联系电话 | | | | | | | 1. | | | | | | | | 2. | | | | | |
| 报考单位  名称 |  | | | | | | | | 报考岗位  代码 | | | | | | |  | | | | | | | | | | | | | |
| 简 历  （从高中填起） |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭成员 | 姓名 | 关系 | | | | 所在单位 | | | | | | | | | | | | | | | | | | | 职务（职称） | | | | |
|  |  | | | |  | | | | | | | | | | | | | | | | | | |  | | | | |
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| 是否存在《江苏省事业单位公开招聘人员办法》第三十六条回避关系 | | | | | | | | | | | | | | | | | | | | | | 是 否 | | | | | | | |
| 报考人承诺  签名 | **本人已仔细阅读招聘公告、岗位表等相关资料，承诺所填写的个人信息和所提供的资料真实准确，并符合招聘岗位的要求。如果由于填写个人信息或提供资料不准确、不真实而导致不能正常参加考试或取消聘用资格等情况，则由本人承担全部责任。**  签字：  年 　月 　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审核  意见 | 审核人签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |