附件2：

泗阳县2025年农村订单定向医学毕业生定向招聘报名表

**报考岗位名称： 岗位代码：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | | 性别 | | |  | | | | 政治面貌 | | | | |  | | | | （二寸免冠照片） |
| 身份证  号 码 |  |  |  | |  |  | |  |  | |  |  |  | |  |  |  |  |  |  |  |  |
| 毕业院校 | | | |  | | | | | | | | | | 学 历  （学 位） | | | | |  | | | |
| 毕业专业 | | | |  | | | | | | | | | | 毕业时间 | | | | |  | | | |
| 户籍所在地 | | | |  | | | | | | | | | | | | | | | 联系电话 | | | |  |
| 家 庭 住 址 | | | |  | | | | | | | | | | | | | | | | | | | |
| 个  人  简  历 | 起止年月 | | | | | | 在何地、何单位、任何职 （从高中开始填写） | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩  情况 |  | | | | | | | | | | | | | | | | | | | | | | |
| **本人承诺以上信息真实、准确、有效，如有虚假，责任自负。 是否存在回避关系： 是🞎 否🞎**    **本人确认签字： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 |  | | | | | | | | | | | | | | | | | | | | | | |