盐城市亭湖区2025年农村订单定向医学生定向招聘报名表

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| 姓 名 |  | 性别 |  | 身份证号 |  | |  |  |  | | |  |  |  | |  |  |  |  |  | |  | |  |  |  |  |  |
| 出生  年月 |  | 籍 贯 | |  | | | | | | | 政治  面貌 | | | |  | | | | | | 照片 | | | | | | | |
| 学历学位情况 | 毕业院校 | | 专业 | | | 学历 | | | | | 学位 | | | | 毕业时间 | | | | | |
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| 专业技术职称 | 于 年 月 日 取得 职称 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格  证书 | 于 年 月 日 取得 资格 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 招聘  单位 |  | | | 岗位代码 | | | | | | |  | | | | | 报考岗位名称 | | | | | | |  | | | | | |
| 现居  住地 |  | | | 联系电话 | | | | | | |  | | | | | | | | | |  | | | | | | | |
| 家庭主要成员情况 | 称谓 | 姓名 | | 工作单位及职务 | | | | | | | | | | | | | | | | | | | | | | | | |
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| 个人主要简历 | 学习简历（自高中起，时间到月） | | | | | | | | | 工作简历（时间到月） | | | | | | | | | | | | | | | | | | |
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| 本人 承诺 | 本人已详细阅读招聘公告，自觉遵守公告中的各项规定，表中填写的信息以及提供的材料均真实有效。若有违背上述承诺的行为，自愿放弃，取消聘用资格并承担一切责任。  承诺人（签字）： 2025年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |