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| 附件2  2025年度滁州市第二人民医院  公开招聘工作人员报名资格审查表   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 姓 名 |  | 性别 |  | 出生  年月 |  | | | 贴 照 片 | | 身份证号 |  | | | | | | | | 民 族 |  | 政治  面貌 |  | 学历 （学位） | |  | | | 毕业院校 |  | | 毕业  时间 |  | | 所学  专业 |  | | | 工作单位 |  | | | 职务 （职称） | |  | 人事档案保管单位 |  | | 家庭详细 地址 |  | | | | | 联系  电话 |  | | | 邮政  编码 |  | | | 报考单位 |  | | | 报考岗位 | |  | | | | 岗位代码 | |  | | | | 考试类别 | |  | | | | 简  历 | (自大中专学历填起，按起始时间、毕业院校/工作单位、专业/岗位、担任职务顺序填写） | | | | | | | | | 受过何奖 励或处分 |  | | | | | | | | | 诚信承诺 意见 | 本人上述所填写的情况和提供的相关材料、证件均真实。若有虚假，一经查实，自动丧失应聘资格。   承诺人：  年 月 日 | | | | | | | | | 与招聘单位关系 | （如与招聘单位或上级主管部门干部职工存在亲属关系，或本人目前系招聘单位编外人员，含人事代理、人才派遣关系，虽不属于法定回避关系，但必须如实声明。） | | | | | | | | | 招考部门 审查意见 | 审查人签字：   年 月 日 | | | | | | | | | 备注 |  | | | | | | | | |