**附件2**

**盐源县公开考核聘用村（社区）健康管理员报名表**

**报名序号：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | |  | | | **性别** |  | | | **民族** | |  | | 贴  照  片 |
| **出生年月** | |  | | | **政治面貌** |  | | | **籍贯** | |  | |
| **学历** | |  | | | **毕业院校及专业** | | |  | | | | |
| **毕业时间** | |  | | | **执业资质** | |  | | | | | |
| **取得乡村医生资格证年月** | | | |  | | | **身份证号** | | |  | | | |
| **报考乡镇及村（社区）卫生室岗位名称** | | | | | | | **乡（镇）卫生室** | | | | | | |
| **报考岗位编码** | | |  | | | | **联系电话** | | |  | | | |
| **本**  **人**  **简**  **历** |  | | | | | | | | | | | | |
| **资格**  **审查**  **意见** | **审查人：**  **年月日** | | | | | | | | | **考生**  **诚信**  **声明** | | **本人确认以上所填信息真实、准确。如有虚假取消聘用资格，责任自负。**  **考生承诺签名（手写）：**  **年月日** | |