附件2

2021年黄石港区基层医疗卫生专业技术人员公开招聘资格审查表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | |  | | | | | | | 性别 | |  | | | 民族 | |  | | | | （粘贴与笔试准考证同底的一寸照片） | | |
| 政治面貌 | | |  | | | | | | | 出生年月 | | | |  | | | | | | |
| 毕业院校及专业 |  | | | | | | | | | | | | | 毕业  时间 | | |  | | | |
| 学历 |  | | | 学位 | | |  | | | | 执业资格证 | | | | |  | | | | |
| 取得时间 |  | | | | | 专业技术职称证 | | | |  | | | | 取得时间 | | | | |  | | | | |
| 移动电话 | 1、  2、 | | | | | | | | | | | | | 身份证号码 | | | | |  | | | | |
| 现工作单位 | |  | | | | | | | | | | | 家庭详细住址 | | | | | |  | | | | |
| 是否与原单位解除聘用合同（辞职时间） | | | | | | | | | | | | |  | | | | | | | | | | |
| 学习经历 |  | | | | | | | | | | | | | | | | | | | | | | |
| 工作经历 |  | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员 | 关系 | | | | 姓名 | | | 工作单位 | | | | | | | | | | | | 职务 | | | 党派 | |
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| 审　　查　　内　　容 | 名　　称 | | | | | | | | 核查结果 | | | | | | | | | 审查意见 | | | | 审核人签名 | |
| 学历证书编号 | | | | | | | |  | | | | | | | | |  | | | |  | |
| 学位证书编号 | | | | | | | |  | | | | | | | | |  | | | |  | |
| 执业资格证 | | | | | | | |  | | | | | | | | |  | | | |  | |
| 专业技术职称证 | | | | | | | |  | | | | | | | | |  | | | |  | |
| 信用信息核查情况 | | | | | | | |  | | | | | | | | |  | | | |  | |
| 单位同意报考证明 | | | | | | | |  | | | | | | | | |  | | | |  | |
| 主管部门意见 | | | | | | | |  | | | | | | | | |  | | | |  | |
| 加分项审核 | | | | | | | |  | | | | | | | | |  | | | |  | |
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| 承诺书  以上信息本人已确认，本人保证提交的上述信息资料及相关材料真实、有效,如有弄虚作假的行为，一经查实,一律按有关文件要求，取消本人聘用资格，并承担因此造成的一切责任，接受相应处罚。  承诺人（考生签字）： 2021年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |
| 报考单位主管部门复审结论 | 1、审核人签名：  2、资格审查负责人签名： （盖章）  3、考生签名确认  2021年 月 日 | | | | | | | | | | | | | | | | | | | | | | |

注：1、联系电话填写2个，第一个为本人电话号码，第二个为本人直系亲属电话号码。

2、此表一式两份，港区人社部门和卫生部门各一份，资格审查时一并上交。