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| 附件2:  2017年定边县乡镇卫生院公开招聘专业技术人员考察表 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报考单位： 报考岗位： 准考证号： | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | 性别 | | | |  | | 出生日期 | | | | | | | 年 月 日 | | | | | | | | 照 片 |
| 身份证  号码 |  |  |  |  | | |  |  |  |  |  |  | |  |  | |  |  |  |  | |  |  | |
| 现户口所在派出所 |  | | | | | | | | | 资格证  种类及专业 | | | | | |  | | | | | | | | |
| 联系电话 |  | | | | | | | | | 联系电话2 | | | | | |  | | | | | | | | |
| 家庭住址 |  | | | | | | | | | | | | | | 原工作单位 | | | | | |  | | | | |
| 毕业院校 |  | | | | | | | | | | | | 学历 | |  | | | | | | 专业 | | |  | |
| 考生个人简历 | 起止年月 | | | | | 在何地、何部门、任何职务（从高中或中专开始填写） | | | | | | | | | | | | | | | | | | | |
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| 公安部门审查情况：(有无违法犯罪记录，有无参加邪教组织等情况)    （户口所在地派出所盖章）  年 月 日  档案审查及考察情况：    年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 考生意见 | | | | | 签字（捺手印）： 年 月 日 | | | | | | | | | | | | | | | | | | | | |