**附件**

**施秉县人民医院公开招聘人员报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | | | **性别** | | |  | | **民族** |  | **籍贯** | |  | | | **相 片** |
| **出生年月** | |  | | | **政治面貌** | | | | |  | | **毕业时间** | |  | | |
| **健康状况** | |  | | | **婚姻状况** | | | | |  | | **学历** | |  | | |
| **毕业学校** | |  | | | | | | | | **所学专业** | |  | | | | |
| **职称** | |  | | | | | | | | **执业证书号** | |  | | | | | |
| **身份证号** | |  | | | | | | | | **联系电话** | |  | | | | | |
| **通讯地址** | |  | | | | | | | | | | **邮 编** | | |  | | |
| **是否完成规陪** | |  | | | | | | | | **规陪医院** | | |  | | | | |
| **个人经历** | **起 止 日 期** | | | | | | **在何校、何单位学习工作** | | | | | | | | | **任何职务** | |
| **年 月至 年 月** | | | | | |  | | | | | | | | |  | |
| **年 月至 年 月** | | | | | |  | | | | | | | | |  | |
| **年 月至 年 月** | | | | | |  | | | | | | | | |  | |
| **年 月至 年 月** | | | | | |  | | | | | | | | |  | |
| **年 月至 年 月** | | | | | |  | | | | | | | | |  | |
| **家庭主要成员** | **与本人关系** | | **姓 名** | **年龄** | | **政治面貌** | | | **现在何地、何单位工作学习、任何职务** | | | | | | | | |
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|  | |  |  | |  | | |  | | | | | | | | |
| **奖惩情况** | | |  | | | | | | | | | | | | | | |
| **个人特长** | | |  | | | | | | | | | | | | | | |

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| **论文**  **发表**  **情况** |  |
| **资格**  **初审**  **意见** | **年 月 日** |
| **招聘**  **复审**  **意见** | **年 月 日** |
| **备**  **注** | **本人保证所填内容和提供的材料及证件完全真实，否则，同意用人单位取消本人录用资格。用人单位可针对求职申请中的信息进行诚信调查。**  **应聘人（签名）：**  **年 月 日** |