附件： 2021年招聘医务工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 身份证号 | | |  | |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |
| 性 别 |  | 籍 贯 | | | |  | | | | | | | | | | | | | | 贴照片处  （另一张点贴于  本表右上角） | | | | | | |
| 学历/学位 |  | | | | | 所学专业 | | | | | | |  | | | | | | |
| 毕业院校 |  | | | | | 毕业时间 | | | | | | |  | | | | | | |
| 专业技术  职务 |  | | | | | 职业技能工种等级 | | | | | | |  | | | | | | |
| 已考取有关资格证书 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 政治面貌 |  | | | 婚否 | |  | | | | 报考岗位 | | | | | |  | | | | | | | | | | |
| 通讯地址 |  | | | | | | | | | | | | | | | 邮政编码 | | | | | |  | | | | |
| 联系电话 |  | | 邮箱 | | |  | | | | | | | | | | 户籍所在地 | | | | | |  | | | | |
| 简 历  （自高中起，时间到月） |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作或  社会实践  经 历 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要业绩  成果  （获奖、技能竞赛等） |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 其他须  说明事项  或要求 |  | | | | | | | | | | | | | | | | | | | | | | | | | |

**注意**：本表中所填内容以及所提供材料均真实有效，如有不实之处，取消资格。