六安市中医院马店分院2020招聘报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | | **性 别** | |  | | | **出 生**  **年 月** | |  | | **照片** | | | |
| **民 族** |  | | | **籍 贯** | |  | | | **政 治**  **面 貌** | |  | |
| **学历**  **学制** |  | | | | **毕业时间**  **院校及专业** | | |  | | | | | | **是否**  **全日制** | |  |
| **身 份 证**  **号 码** |  | | | | | **是否取得**  **执业医师** | | | |  | | **手 机**  **号 码** | | |  | |
| **意向临床科室** | | |  | | | | **身体状况** | | | | |  | | | | |
| **家庭**  **详细地址** | |  | | | | | | | | | | | | | | |
| **主要学习及工作简历** | |  | | | | | | | | | | | | | | |
| **何时受过**  **何种奖励**  **及发表文章** | |  | | | | | | | | | | | | | | |
| **特长爱好** | |  | | | | | | | | | | | | | | |
| 保证所填写信息准确无误，如有虚假信息和作假行为，立即取消录用资格，后果自负。    考生签名： | | | | | | | | | | | | | | | | |
| 资格审查人员签名： | | | | | | | | | | | | | | | | |

**填表时间：2019年 月 日**