恩施州优抚医院2020年专项公开招聘

事业单位工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | 性别 | | | |  | | | | 出生年月 | | | |  | | | | | | | | 照  片 | | | |
| 政治面貌 |  | | | | 民族 | | | |  | | | | 籍贯 | | | |  | | | | | | | |
| 毕业院校 |  | | | | | | | | | | | | 毕业时间 | | | |  | | | | | | | |
| 所学专业 |  | | | | | | | | | 学历 | | |  | | | | | | | | | | | |
| 学位 |  | | | | | | | | | 学历类型 | | |  | | | | | | | | | | | |
| 工作单位 |  | | | | | | | | | 是否在编 | | |  | | | | | | | 参加工作时间 | | | |  | | | | |
| 报考单位 |  | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |
| 报考岗位 |  | | | | | | | | | | | | 是否完成住院医师规范化培训 | | | | | | |  | | | | | | | | |
| 是否建档立卡贫困家庭成员 |  | | | | | | | | | | | | 外语水平 | | | | | | |  | | | | | | | | |
| 专业技术资格或者执业资格 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号 |  |  |  | | |  |  |  | | |  |  |  | |  |  | | |  | |  | |  | |  |  |  |  |
| 通信  地址 |  | | | | | | | | | | | | | 联系电话 | | | | 手机 | | | |  | | | | | | |
| 住宅电话 | | | |  | | | | | | |
| 个人简历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人申明 | 本人承诺以上填报的基本信息与个人档案材料一致，对其真实性负责。  本人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |