咸安区中医医院2023年公开招聘报名登记表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | 性 别 | | |  | | 民 族 | | | | |  | | | 照 片 |
| 出生年月 |  | | | 政 治  面 貌 | | |  | | 应 届 或  社会在职 | | | | |  | | |  |
| 毕业学校 |  | | | | | | | | 毕业时间 | | | | |  | | |
| 工作单位 |  | | | | | | | | 参 加  工作时间 | | | | |  | | |
| 所学专业 |  | | | | 报考学历 | | | | |  | | | | | | |
| 基础学历 |  | | | | | 基础学历毕业学校及专业 | | | | | |  | | | | | |
| 是否规培 |  | 规培时间 | | | |  | | | | | | 规培基地 | | | |  | |
| 身份证号 |  | | | | | | | | | | | | | | | | |
| 通讯地址 |  | | | | | | | | | | | | 手 机 | |  | | |
| 住宅电话 | |  | | |
| 报考岗位 |  | | | | | | | | | | | | | | | | |
| 个人简历(含获奖及证书情况) |  | | | | | | | | | | | | | | | | |
| 家  庭  主  要  成  员 | 姓名 | | 关系 | | | | | 政治面貌 | | | 工作单位及职务 | | | | | | |
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| 报考资格审查意见 | 审查人： 年 月 日 | | | | | | | | | | | | | | | | |

报考人员要认真填写表格，务必确保信息真实可靠。