附件

四川省人民医院川东医院·达州市第一人民医院公开招聘

报名表

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | **性别** |  | **出生年月**  **（ 岁）** |  | | | **照**  **片**  **（**1**寸照）** | |
| **民 族** |  | | **籍贯** |  | **出 生 地** |  | | |
| **政 治**  **面 貌** |  | | **参加工**  **作时间** |  | **健康状况** |  | | |
| **婚 姻**  **状 况** |  | | **专业技**  **术职务** |  | **专业特长** |  | | |
| **身份证号码** | | |  | | | | | | | |
| **就读（毕业）院（系）** | | |  | | **学历** | |  | **是否**  **全日制** | |  |
| **专业** | | |  | | **学位** | |  | **是否**  **全日制** | |  |
| **现工作单位及职务** | | |  | | | | | | | |
| **报考职位** | | |  | | **联系方式** | |  | | | |
| **学习及工作经历** | |  | | | | | | | | |