附件一 报名序号（工作人员填写）：

永嘉县人民医院医共体 永嘉县中医医院医共体

公开招聘定点医院医护临时人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | 性别 | | | |  | | | | 出生日期 | | | |  | | | | | | 贴1寸照片 |
| 身份证号 |  |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |
| 户口  所在地 |  | | | | | | | | | | | | | | | | | | | | | | |
| 学历 |  | | | | | | | | | | | 毕业时间 | | | | | | | | |  | | | |
| 所学专业 |  | | | | | | | | | | | 学制 | | | | | | | | |  | | | |
| 毕业院校 |  | | | | | | | | | | | 专业技术资格及取得时间 | | | | | | | | |  | | | |
| 主要  学习  工作  简历 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 通讯地址 |  | | | | | | | | | | 联系电话手机号码 | | | | | | | | | |  | | | |
| **本人声明：**  **上述填写内容真实完整。如有不实，本人愿承担一切责任。**    确认签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |
| 审核意见:  审核人：    年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |