附件1

赤峰市传染病防治医院应聘人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 应聘单位： | | | | | | | | | 应聘岗位： | | | | | | | | | | | |
| 姓 名 | |  | 性别 | | |  | | | 出生日期 | | |  | 民族 | | | |  | 贴照片 | | |
| 出生地 | |  | | | | | | | 身体状况 | | |  | 身高 | | | |  |
| 政治面貌 | |  | | 身份证号 | | | | |  | | | | | | | | |
| 联系电话 | |  | | | | | | | 电子邮箱 | | |  | | | | | |
| 有何爱好特长 | |  | | | | | | | | | 现户口所在地 | | | |  | | |  | | |
| 毕业院校、所学专业及毕业时间 | | 大专 | | |  | | | | | | | | | | | | | | | | |
| 本科 | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | |
| 参加工作时间 | |  | | | | | 专业技术职务 | | | |  | | | 执业资格取得时间 | | | | |  | |
| 婚姻状况 | |  | 通讯地址 | | | | |  | | | | | | | | | | | | |
| 配偶  情况 | | 姓名 |  | | | | | 出生年月 | |  | | | | | | 最高学历学位 | | | |  |
| 毕业学校、时间及专业 | | | | | |  | | | | | | | | 参加工作时间 | | | |  |
| 现工作（学习）单位、职务、职称 | | | | | | | |  | | | | | | | | | | |
| 个人简历 | |  | | | | | | | | | | | | | | | | | | |
| 所受奖惩情况 |  | | | | | | | | | | | | | | | | | | |