附件1

柳州市乡村卫生服务一体化管理乡村医生招聘申请表

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 性别 |  | 出生日期 |  | | |
| 身份证号码 |  | | 籍贯 |  | 现住址 | |  |
| 毕业院校专业 |  | | | 参加工作时间 | | |  |
| 获得何种执业资格 |  | | 取得资格时间 | | |  | |
| 个人简历: | | | | | | | |
| 申请意向： | | | | | | | |
| 申请人: | | | | | | | |
| 申请日期: | | | | | | | |
| 注:在交申请表同时交身份证、毕业证、资格证复印件各一份,和带原证来查验. | | | | | | | |