附件2

五莲县中医医院

2018年公开招聘专业技术人员报名登记

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | 性别 |  | | | 出生日期 | | |  | 近期正面  免冠照片 |
| 学历 |  | | | | 民族 |  | | | 政治面貌 | | |  |
| 身份证号 |  | | | | | | | | | | | |
| 参加工作时间 | |  | | | 现工作单位 | | |  | | | | |
| 报考岗位及类别 |  | | | | | | 报考专业 | | | |  | |
| 执业证 类型 |  | | | | | | 取得时间 | | | |  | | |
| 固定电话 |  | | | | | | 手 机 | | | |  | | |
| 现户籍所在地 | | |  | | | | 家庭住址 | | | |  | | |
| 全日制研究生学段 | 毕业院校专业 | | |  | | | | | | | | | |
| 全日制  本科学段 | 毕业院校专业 | | |  | | | | | | | | | |
| 全日制  专科学段 | 毕业院校专业 | | |  | | | | | | | | | |
| 家庭成员情况 | 称谓 | | | 姓名 | | | 年龄 | | | 工作单位及职务 | | | |
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| 个人简历（从高中或中专填起） |  | | | | | | | | | | | | |