成都市第三人民医院蒲江医院.蒲江县人民医院

应聘人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 | | | |  | 民族 | | |  | | 出生  年月 | | |  | | 照片 |
| 健康状况 | | |  | | | | | 政治  面貌 | | |  | | | | | 身高 |  | |
| 身份证号 | | |  | | | | | | | | | | | | | 籍贯 |  | |
| 家庭住址 | | |  | | | | | | | | | | | | 婚姻  状况 | |  | |
| 全日制教育学历 | | |  | | | | 毕业时间 | | |  | | | 毕业学校及专业 | | | | |  | |
| 在职教育学历 | | |  | | | | 毕业时间 | | |  | | | 毕业学校及专业 | | | | |  | |
| 联系电话 | | |  | | | | | | | 何时取得何专业执业资格 | | | | | | | |  | |
| 应聘岗位 | | | | |  | | | | | | | | | | | | | | |
| 个人简历 | |  | | | | | | | | | | | | | | | | | |
| 何时受何种培训达何种程度 | |  | | | | | | | | | | | | | | | | | |
| 家庭主要成员及重要社会关系 | | 称谓 | | | | 姓名 | | | 年龄 | | | | 政治面貌 | | | | 工作单位及职务 | | |
|  | | | |  | | |  | | | |  | | | |  | | |
|  | | | |  | | |  | | | |  | | | |  | | |
|  | | | |  | | |  | | | |  | | | |  | | |
|  | | | |  | | |  | | | |  | | | |  | | |
| 本人承诺及所提供材料目录 | | 本人以上所填内容及报名时提供的各类资料均真实有效，如弄虚作假，本人承担所有法律责任。  所提供资料目录：  报名者签名：  时 间： 年 月 日 | | | | | | | | | | | | | | | | | |