**附件：**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **需** | **学** |  |  |  |  |
| **单位名称** | **联系方式** | **招聘岗位** | **岗位类别** | **求** | **历** | **素质测试** | **考试科** | **专业要** |  |
| **人** | **要** | **目** | **求** |  |
|  |  |  |  |  |  |
|  |  |  |  | **数** | **求** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 天津市急救中 | 022-24329700 | 院前急救医 | 卫生专技 | 12 | 本 | 医学职业能力倾向测验 | 临床医 | 临床医 |  |
| 心 | 生 | 岗 | 科 | 学 | 学 |  |
|  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

5