海盐县卫生计生系统招聘2018届护理人员报名表

报名序号(由工作人员填写)：本表一式一份

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | 身份证号 |  |  | |  |  |  | |  |  |  |  |  |  |  | |  |  | |  |  |  |  |
| 民 族 |  | | 性别 |  | | | | | | 政治面貌 | | | | |  | | | | | | 贴  一  寸  彩  照 | | | | |
| 学 历 |  | | 婚姻状况 |  | | | | | | 户籍性质 | | | | |  | | | | | |
| 所学专业 |  | | 参加工作  时 间 |  | | | | | | 职 称 | | | | |  | | | | | |
| 毕业院校及时间 |  | | | | | | | | | 出生年月 | | | | |  | | | | | | | | | | |
| 现户籍所在地 | 县（市）镇(区)     村(社区) | | | | | | | | | 是否普通高校  毕业生 | | | | | 本人签名： | | | | | | | | | | |
| 生源地 | 省市县（市区） | | | | | | | | |
| 执业资格证书名称及取得时间 | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 联系电话 | 单位电话 |  | | | | 住宅电话 | | | |  | | | | | 手机 | | |  | | | | | | | |
| 报考职位 |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作简历、  学习简历（  从初中填起）、奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 初审      意见 | 签名或盖章    年月日 | | | 复审    意见 | | | | | | 签名或盖章    年月日 | | | | | | | | | | | 贴  一  寸  彩  照 | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| 身份证复印粘贴处 |