附件1：

**成都医学院第一附属医院护士招聘报名表**

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| 姓 名 | |  | | | | | 性 别 | |  | | 贴  小  二  寸  彩  照 | | |
| 出生年月 | |  | | | | | 民 族 | |  | |
| 身 高 | |  | | | | | 健康状况 | |  | |
| 最高学历 | |  | | | | | 既往病史 | |  | |
| 学 位 | |  | | | | | 职 称 | |  | |
| 毕业学校 | |  | | | | | | | 所学专业 | |  | | |
| 毕业时间 | |  | | | | 英语考级 | |  | | 计算机考级 | | |  |
| 护士执业证编号 | | | |  | | | | | | 婚育情况 | | |  |
| 家庭地址 |  | | | | | | | | | | | | |
| 联系方式 | 本人电话 | | | |  | | | | | | | | |
| 电子邮箱 | | | |  | | | | | | | | |
| 有何特长 |  | | | | | | | | | | | | |
| 获奖情况 |  | | | | | | | | | | | | |
| 学习经历 | | | | | | | | | | | | | |
| 年月日至年月日 | | | 学校或医院名称 | | | | | | | | | 专业 | |
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| 工作经历 | | | | | | | | | | | | | |
| 年月日至年月日 | | | 医院名称 | | | | | | | | | 工作岗位 | |
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| 个人申明：本人保证所提交信息的真实性、合法性，承担因填写不实而产生的一切后果。  签 名：  年 月 日 | | | | | | | | | | | | | |