## 附件：

## 右江民族医学院公开选聘直属附属医院总会计师报名表

|  |  |  |  |  |  |  |  |  |  |  |
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| **姓 名** | |  | | **性别** |  | **籍贯** |  | | 照 片  （小二寸  免冠彩照） | |
| **政治面貌** | |  | | **民族** |  | **健康**  **状况** |  | |
| **出生年月** | |  | | | **参加工**  **作时间** |  | | |
| **现工作单位**  **及职务** | | |  | | | | | |
| **联系电话** | | |  | | | **电子信箱** | |  | | |
| **身份证号** | | |  | | | | | | | |
| **学历** | **全日制** | |  | | | **毕业院校系及专业** | |  | | |
| **在职** | |  | | |  | | |
| **学位** | **全日制** | |  | | | **毕业院校系及专业** | |  | | |
| **在职** | |  | | |
| **专业技术职务及评聘时间** | | |  | | | **现从事专业及**  **研究方向** | |  | | |
| **应聘岗位** | | |  | | | | | | | |
| **个人学习、**  **工作简历** | | |  | | | | | | | |
| **所获**  **荣誉称号** | | | |  | | | | | | |
| **国内外**  **学术兼职** | | | |  | | | | | | |

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| **家庭主要成员情况** | | | | |
| **称谓** | **姓 名** | **出生年月** | **学历学位** | **现工作单位及职务（职称）** |
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| **应聘岗位工作设想** |
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