**附表**

**长兴县人民医院医共体集团应聘报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本情况** | 姓名 |  | | | | 性别 | |  | | 民族 | | |  | | | 出生地 | | | | |  | | | | | | （贴照片处） |
| 户 口  所在地 |  | | | | 出生年月 | | | |  | | | | | | 政治面貌 | | | | |  | | | | | |
| 身份证号 |  |  |  |  |  |  | |  |  |  | | |  |  | |  | |  |  | |  |  |  | |  |
| **报名情况** | 报考专业 |  | | | | | | | | | | 岗 位 | | | | | |  | | | | | | | | |
| **教育情况** | 最高学历 |  | | | | 毕业时间 | | | |  | | | | | | | | 毕业专业 | | | | | | |  | | |
| 毕业院校 |  | | | | | | | | | | | | | | | | 培养方式 | | | | | | |  | | |
| 职 称 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要学习工作简历（高中起） |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **其他信息** | 奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通讯地址 |  | | | | | | | | | | | | | | | | 联系电话 | | | | | | |  | | |
| **本人声明：**上述填写内容及提供的资料真实完整。如有不实，本人愿承担一切法律责任。  申请人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |