附件1

**2019年度永春县安康医院公开招聘编外工作人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 | |  | 出生  年月 |  | | 民族 | |  | | 相片 |
| 籍贯 |  | | | 通讯地址 | |  | | | | | | | |
| 何时从何校  何专业毕业 | | | |  | | | | | 政治面貌 | | | |  | |
| 已取得何卫生类  专业技术资格证书 | | | |  | | | | | 学历 | | | |  | |
| 身份证号码 | |  | | | | | | | 联系电话 | |  | | | |
| 个人简历  注：从中专阶段填写起，需填报实习单位。 | |  | | | | | | | | | | | | |
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| 报名审核意见 | | 审核人签名： | | | | | | | | | | | | |
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|
| 相 片 | |  |  | |  | | 相 片 |  | | 永春县民政局 制 | | | | |