附件2：

**宁晋县医院2019年招聘人员报名表**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** |  | **出生年月** |  | **民族** |  | **贴相片处** |
| **籍贯** |  | | | **参加工作时间** |  | **政治**  **面貌** |  |
| **现住址** |  | | | | | | |
| **身份证号码** |  | | | **联系电话** |  | | | |
| **现专业技术资格** |  | | | **资格取得时间** |  | | **现从事**  **专业** |  |
| **学**  **历**  **情**  **况** | **全日制**  **学历** | **毕业学校** | | | **所学**  **专业** | **毕业**  **时间** | **学制** | **学位** |
|  |  | | |  |  |  |  |
| **主**  **要**  **学**  **习**  **经**  **历** | **起止时间** | | | **何学校** | | | **何专业** | **证明人** |
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| **工**  **作**  **经**  **历** | **起止时间** | | | **何单位何科室** | | | **何专业** | **证明人** |
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