宁波市康复医院公开招聘工作人员报名表

报考岗位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | 身份  证号 |  |  |  |  |  | |  |  |  | |  |  | |  | |  |  |  |  | |  | |  |  | 近期免冠  一寸彩照 |
| 户口  所在地 |  | | 民族 |  | | | | 性别 | | | | |  | | | | | 政治  面貌 | | | | |  | | | | |
| 初始学历及毕业时间 | |  | | 毕业院校及专业 | | | | |  | | | | | | | | | | | | | | | | | | |
| 最高学历及毕业时间 | |  | | 毕业院校及专业 | | | | |  | | | | | | | | | | | | | | | | | | |
| 参加工作时间 |  | | 健康  状况 |  | | | | 专业技  术职称 | | | | | | | |  | | | | | | | | | | | | |
| 现工作  单位 |  | | | | | | | 工作职务 | | | | | | | |  | | | | | | | | | | | | |
| 婚姻  状况 |  | | 配偶姓名  及工作单位 | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 联系  地址 |  | | | | | | | | | | | | | | | 固定电话 | | | | | | | | |  | | | |
| 移动电话 | | | | | | | | |  | | | |
| E-mail |  | | | | | | | | | | | | | | | 邮 编 | | | | | | | | |  | | | |
| 个  人  简  历 | 学习经历（从高中开始，包括时间、所在学校、专业、学历、学位）  工作经历（包括时间、工作单位、职务） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。**  **申请人（签名）： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |