**枣阳市一医院招聘成熟临床专业技术人员报名表**

报名号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | 身份证号 | |  | | | | | | |  |
| 户口所在地 |  | | | | 民族 | |  | 性别 | |  | 政治面貌 | |  |
| 第一  学历 |  | | | | | | | 毕业时间 | |  | | | |
| 毕业院校 |  | | | | | | | | | 所学专业 | |  | | |
| 健康状况 |  | | | | | 联系电话(手机长号) | | | | | |  | | |
| 应聘专业、科室（只能选择一个专业） | | | | | | | | |  | | | | | |
| 专业特长 | | | |  | | | | | | | | | | |
| 联系地址 | | |  | | | | | | | | | | | |
| 个  人  简  历 | |  | | | | | | | | | | | | |
| 家庭主要成员 | |  | | | | | | | | | | | | |
| 本人声明:上述填写内容真实完整.如有不妥,本人愿意承担一切责任**。**      报考人签名: 年 月 日 | | | | | | | | | | | | | | |
| 经审核,该同志符合报考条件,同意报名**。**    审核人签名: 年 月 日 | | | | | | | | | | | | | | |