**附件：**

**德化县中医院招聘检验科工作人员报名表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | 性 别 | |  | | 年 龄 |  | | 贴相片处 |
| 籍 贯 | |  | | | | 政治面貌 | |  | | 身 高 |  | |
| 学 历 | |  | | | | 学 位 | |  | | 毕业时间 |  | |
| 毕业院校 | |  | | | | | | 专 业 | |  | | |
| 家族住址 | |  | | | | | | 联系电话 | |  | | |
| 身份证号码 | | |  | | | | | 兴趣、特长 | |  | | |
| 学习经历（从高中填起） | 起止年月 | | | | 毕业院校及所学专业 | | | | | | | 学习形式 | |
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| 实习培训经历 | 起止年月 | | | | 实习、培训单位 | | | | | | | 岗位 | |
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|  | | | |  | | | | | | |  | |
| 工作经历 | 起止年月 | | | | 工作单位 | | | | | | | 岗位 | |
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| 获奖  情况 |  | | | | | | | | | | | | |
| 家庭主要  成员情况 | 关系 | | | 姓名 | | | 政治面貌 | | 工作单位及职务 | | | | |
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|  | | |  | | |  | |  | | | | |
| 备注 |  | | | | | | | | | | | | |

**声明：本人保证以上所填资料真实准确，如有违事实，愿意取消报名、聘用资格。**

**本人签名： 年 月 日**