**附件1:**

永城市人民医院医疗健康集团2020年公开引进

硕士研究生及以上学历人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓　名 |  | | 性 别 | |  | | | | 出生年月 日 | | |  | | | 照  片 |
| 民族 |  | | 政治面貌 | |  | | | | 籍贯 | | |  | | |
| 毕业  院校 |  | | | 毕业时间 | | |  | | | | 所学专业 | | |  | |
| 学历 |  | 学位 | |  | | 身份证号 | | | | |  | | | | |
| 现工作单位 | |  | | | | | | | | 联系电话 | | |  | | |
| 执业证书类别 | |  | | | | | |  | | 规培证 | | |  | | |
| 简 历 （从高中阶段至今） | |  | | | | | | | | | | | | | |
| 工作单位  意 见 | |  | | | | | | | | | | | | | |
| 备 注 | |  | | | | | | | | | | | | | |