附件:

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| 度假区大渔街道社区卫生服务中心2021年 | | | | | | | | | | | | | | | |
| 招聘乡村医生报名表 | | | | | | | | | | | | | | | |
| 应聘单位 | | | 大渔街道海晏卫生室 | | | | | | | 应聘岗位 | | | | 乡村医生 | |
| 姓名 |  | | | | | 性别 | | |  | 民族 | |  | | （半寸近照） | |
| 年龄 |  | | | | | 籍贯 | | |  | 政治面貌 | |  | |
| 毕业院校 | | |  | | | | | 专业 | |  | | | |
| 学历 |  | | | | 毕业时间 | | | | |  | | | |
| 资格证种类 | |  | | | | | 执业资格证编号 | | | |  | | 计算机水平 | |  |
| 职称 |  | | | | | | 参加工作时间 | | | |  | | 健康状况 | |  |
| 详细住址 | | | |  | | | | | | | | | | | |
| 身份证号码 | | | |  | | | | | | | 联系电话 | |  | | |
| 主要工作（学习）经历： | | | | | | | | | | | | | | | |
| 获得证书、资历情况： | | | | | | | | | | | | | | | |
| 注：报名时还需提交其他以下复印件（身份证、毕业证、学位证、相关职业资格证书）材料。 | | | | | | | | | | | | | | | |