临汾市人民医院

招聘工作人员报名登记表

**报考岗位： 填表日期： 年 月 日**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | | **性别** | |  | **民族** | | | |  | |  | | |
| **身份证号码** | | |  | | | | | | **籍贯** |  | | |
| **资格证名称及资格取得时间** | | | | |  | | | | | | | |
| **现就读学校** | | |  | | | | | **联系方式** | | | |  | | |
|  | **毕业院校及时间** | | | | | | | **学制种类** | | | | **所学专业** | | **学历及学位** |
| **第一学历** |  | | | | | | |  | | | |  | |  |
| **最高学历** |  | | | | | | |  | | | |  | |  |
| **个人简历（从高中之后简历）** | | | | | | | | | | | | | | |
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