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| **姓名** | | | |  | | **性别** | |  | | **出生年月日** |  | | 一寸彩照 | |
| **身份证号码** | | | |  | | | | | | **政治面貌** |  | |
| **学历** | | | |  | | | | | | **身体状况** |  | |
| **毕业学校** | | | |  | | | | | | **所学专业** |  | | | |
| **毕业时间** | | | |  | | | **参加工作时间** | | |  | | **婚姻状况** | |  |
| **家庭主要成员姓名、工作单位、职业，现与本人的关系。** | | | | |  | | | | | | | | | |
|  | | **起止年月** | | | | | | | **学校（单位）** | | | | | **任何职务** |
| **学历** | **高中学历** | |  | | | | | |  | | | | |  |
| **本科及以上学历** | |  | | | | | |  | | | | |  |
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| **工作经历** | | |  | | | | | |  | | | | |  |
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| **填表说明：1.报名表A4纸打印，内容清晰完整。 2.本人保证所填内容必须真实，若弄虚作假，取消应聘及录取资格。3.本人签名确认。**  **本人签名：**  **填表时间：** | | | | | | | | | | | | | | |

**郑州大学第一附属医院护士报名表** 编号