附件1：

**资阳益民医疗健康产业有限公司公开招聘人员报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓　名** | |  | | **性　别** | |  | | **出生年月 （岁）** | |  |  |
| **民　族** | |  | | **籍　贯** | |  | | **现居住地** | |  |
| **入　党 时　间** | |  | | **参加工 作时间** | |  | | **健康状况** | |  |
| **身份证**  **号码** | |  | | | | **婚姻状况** | |  | | |
| **学　历 学　位** | | **全日制 教  育** | |  | | | | **毕业院校 系及专业** | |  | |
| **在职 教育** | |  | | | | **毕业院校 系及专业** | |  | |
| **家庭地址** | | | |  | | | | **联系电话** | |  | |
| **专业技术职称或**  **执业资格情况** | | | |  | | | | | | | |
| **应聘岗位** | | | |  | | | | | | | |
| **是否服从调配** | | | |  | | | | | | | |
| **工作**  **简历** |  | | | | | | | | | | |
| **个人**  **自荐** |  | | | | | | | | | | |
| **奖惩及其他需说明情况** |  | | | | | | | | | | |
| **主要家庭成员及社会关系** | **称谓** | | **姓  名** | | **年龄** | | **政治面貌** | | **工　作　单　位　及　职　务** | | |
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# 注：工作简历请详实填写，表格不够可附页填写。