**博山区医院公开招聘合同制护士报名表**

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| 姓 名 | |  | | | | 性别 | |  | | 民族 | | |  | | | 1寸  照  片 |
| 户籍所在地 | |  | | | | 出生  日期 | |  | | 身份证号码 | | |  | | |
| 学历 | |  | | | | 学位 | |  | | 政治  面貌 | | |  | | |
| 全日制  毕业院校 | | | |  | | | | | | | | | 毕业  时间 | |  | |
| 最高学历  毕业学校 | | | |  | | | | | | | | | 毕业  时间 | |  | |
| 学  习  简  历 | | | |  | | | | | | | | | | | | |
| 工  作  经  历 | | | |  | | | | | | | | | | | | |
| 奖惩情况 | |  | | | | | | | | | | | | | |
| 家庭成员  及主要社  会 关 系 | | 称谓 | | 姓名 | | | | 年龄 | | 工作单位及职务 | | | | | |
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| 联系方式 | | 固定电话 | | | |  | | | | | 手 机 | |  | | |
| 电子邮箱 | | | |  | | | | | | | | | |
| 通讯地址 | |  | | | | | | | | | | | | | |
| 备注： | | | | | | | | | | | | | | | |
| 诚信声明：本人确保以上所填内容真实有效。如有不实被取消聘用资格，本人愿负全责。  考生签名（手写）：  年 月 日 | | | | | | | | | | | | | | | |