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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | **性别** |  | | **出生年月日** | |  | **1寸彩照**  **（上传近期**  **电子照）** | |
| **身份证号码** | |  | | | | **学历** | |  |
| **毕业院校** | |  | | | | | | |
| **所学专业** | |  | | | | | **毕业时间** | |  | |
| **政治面貌** | |  | | | | | **学制** | |  | |
| **联系方式** | |  | | | | | **身体状况** | |  | |
| **家庭住址** | |  | | | | | | | | |
|  | | **起止年月** | | | **学校（单位）** | | | | | **任何职务** |
| **学历** | **高中或**  **中专** |  | | |  | | | | |  |
| **大专及以上学历** |  | | |  | | | | |  |
|  | | |  | | | | |  |
|  | | |  | | | | |  |
| **实习单位** | |  | | | | | | | | |
| **填表说明：所填内容必须真实，若弄虚作假，取消资格。**  **本人签名：**  **年 月 日** | | | | | | | | | | |

**安阳市殷都区人民医院招聘报名表**