**附件1**

**株洲市二医院就业见习报名表**

报名岗位

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| 姓 名 | |  | | 性别 | | |  | 民族 | | |  | | | 照片 |
| 出生年月 | |  | | 政治面貌 | | | |  | | | 籍贯 |  | |
| 身份证号码 | | |  | | | | | 联系电话 | | |  | | |
| 学历 | | 全日制学历 | |  | 毕业时间、  院校、专业 | | | | |  | | | |
| 非全日制学历 | |  | 毕业时间、  院校、专业 | | | | |  | | | |
| 是否取得医师、护士执照 | | | |  | | 婚否 | | |  | | | 育否 | |  |
| 特长 | | | |  | | | | | | | | | | |
| 简  历 | 起止时间 | | | 学习/工作单位 | | | | | | | | | 专业/职位 | |
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| **本人自愿报名申请参加株洲市二医院就业见习，并承诺保证所填写信息和所提交资料真实。**  签名： 年 月 日 | | | | | | | | | | | | | | |