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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** |  | **身高** | |  | | **体重** | | |  | **健康状况** |  |
| **毕业学校** |  | | | | | | | | | **所学专业** |  | |
| **毕业时间** |  | | | | **学制** | | | | |  | **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** | | | | | | | **毕业学校（单位）** | | | | **任何职务** |
| **高中** |  | | | | | | |  | | | |  |
| **本科** |  | | | | | | |  | | | |  |
| **实习经历** |  | | | | | | |  | | | |  |
| **有何特长** |  | | | | | | | | | | | |
| **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（本科）**编号