察右后旗人民医院护士招聘应聘报名登记表

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| **报名时间** | | | | **年 月 日** | | | | | | | **请粘贴近期**  **二寸正面免冠**  **彩色相片** | |
| **姓名** | |  | | **性别** | |  | | **民族** |  | |
| **出生**  **年月** | |  | | **政治**  **面貌** | |  | | **婚姻**  **状况** |  | |
| **户籍**  **地址** | |  | | | | | | | | |
| **家庭现住址** | |  | | | | | | | | |
| **身份证号码** | |  | | | | | | | **联系电话** | |  | |
| **学历**  **学位** | **全日制教育** | |  | | **毕业院校及专业** | |  | | | **毕业**  **时间** | |  |
| **在职**  **教育** | |  | | **毕业院校及专业** | |  | | | **毕业时间** | |  |
| **执业**  **资质** | |  | | | | **执业注册情况** | | |  | | | |
| **现专业技术职务** | | | | | |  | | | | | | |
| **个**  **人**  **学**  **习**  **及**  **工**  **作**  **经**  **历** | |  | | | | | | | | | | |
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| **诚信**  **责任** | | **本人承诺，此表中所述内容真实、完整，任何虚假可能导致的后果均由本人承担。**  **本人签名： 日期： 年 月 日** | | | | | | | | | | |
| **医院审核情况** | | **人事科审核意见： 负责人签名：**  **领导审查意见： 分管领导签名：** | | | | | | | | | | |