玉林市卫生学校附属医院应聘专业技术人员报名表

填表日期： 年 月 日

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** |  | **民族** |  | | **相片** |
| **出生年月** |  | **籍贯** |  | **婚姻状况** |  | |
| **身高** |  | **体重** |  | **政治面貌** |  | |
| **学历** |  | **学制** |  | **毕业时间** |  | |
| **专业** |  | | **毕业学校** |  | | | |
| **联系电话** |  | | **通讯地址** |  | | | |
| **现工作单位及岗位** | | |  | | | | |
| **意向科室及岗位** | | |  | | | | |
| **现有执业资格、执业范围及取得时间** | | |  | | | | |
| **现有专业技术资格及取得时间** | | |  | | | | |
| **学习经历（从高中写起）** | | | | | | | |
| **起止时间** | | **毕业院校** | | | | **学历** | **专业** |
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| **工作经历** | | | | | | | |
| **起止时间** | | **工作单位** | | | | | **职务/职称/岗位** |
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