附件

武宣县妇幼保健院招聘人员报名表（编外聘用人员）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | **性 别** | |  | | **民 族** |  |  |
| **籍 贯** |  | **身 高** | |  | | **政治面貌** |  |
| **出生年月** |  | | | | | **婚姻状况** |  |
| **身份证号码** |  | | | | | | |
| **是否服役** |  | | **联系电话** | |  | | | |
| **全日制教育学历学位** |  | | **毕业时间院校专业** | |  | | | |
| **在职教育 学历学位** |  | | **毕业时间院校专业** | |  | | | |
| **专业技术**  **职称** |  | | | | | | | |
| **个**  **人**  **简**  **历** |  | | | | | | | |