**山西忻州神达能源集团有限公司**

**招录所属煤业公司医护人员报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | 性 别 | |  | | | 出生  年月 |  | | | （1寸证  件照） | |
| 民　族 | |  | | 籍贯 | | |  | | | | 参加工  作时间 |  | | |
| 政治面貌 | |  | | 入党  时间 | | |  | | | | 健康  状况 |  | | |
| 第一学历 | |  | | 毕业时间及院校 | | |  | | | | | | | 专业 |  | |
| 后续最高学历 | |  | | 毕业时间及院校 | | |  | | | | | | | 专业 |  | |
| 何时取得何执业资格 | |  | | | | | | | | | | | | | | |
| 从事医疗卫生工作年限 | |  | | | | | | | | 身份证号码 | |  | | | | |
| 现工作单位及岗位 | |  | | | | | | | | | | | | | | |
| 所报单位及岗位 | |  | | | | | | | | | | | | | | |
| 现居住地址 | |  | | | | | | | | | | 联系电话 | | |  | |
| 工作经历 |  | | | | | | | | | | | | | | | |
| 家庭成员及主要社会关系 | 姓名 | 性别 | 年龄 | | 与本人关系 | | | | 现工作单位及职务 | | | | 家庭成员有无违法行为 | | | 联系电话 |
|  |  |  | |  | | | |  | | | |  | | |  |
|  |  |  | |  | | | |  | | | |  | | |  |
|  |  |  | |  | | | |  | | | |  | | |  |
|  |  |  | |  | | | |  | | | |  | | |  |
|  |  |  | |  | | | |  | | | |  | | |  |
| 注：应聘者需填写父亲、母亲、妻子（丈夫）儿子、女儿的相关信息 | | | | | | | | | | | | | | | |
| 我保证上述表格中所填写的内容真实、完整，如有虚假愿承担一切责任。  本人签字： | | | | | | | | | | | | | | | | |