附件

**海南西部中心医院**

**公开招聘编外护理人员登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | 性别 | | |  | | 出生年月 | | | | | | | |  | | | | | | | 相片 |
| 政治  面貌 |  | | | 民族 | | |  | | 籍贯 | | |  | | | | | 健康状况 | | | |  | | |
| 毕业院校及时间 | | | |  | | | | | | | | | | | | | 婚否 | | | |  | | |
| 学历学位 | | | |  | | | | | | | | | | 所学专业 | | | | | | |  | | | |
| 现户口所在地 | | | |  | | | | | | | 身份证号码 | | | | | | | |  | | | | | |
| 原工作单位 | | | |  | | | | | | | | | | | 职称 | | | | | | |  | | |
| 原单位职务 | | | |  | | | | | | | | | 原单位性质 | | | | | | | |  | | | |
| 报考岗位 | | | |  | | | | | | | | | 是否愿意调剂 | | | | | | | |  | | | |
| 家庭详  细地址 | | |  | | | | | | | | | | 联系方式 | | | | | | | 本人手机：  家人手机： | | | | |
| 本人主要简历 | | 何年何月 | | | | | | 到何年何月 | | | | | | | | 在何学校、何单位工作 | | | | | | | | |
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| 科、教、研及获奖情况 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 家庭 成员 | | 姓名 | | | 称呼 | | | | | 年龄 | | | | | | | | 政治面貌 | | | | | 现工作单位及职务 | |
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| 考核/招聘 成绩 | | 答辨/面试 | | | |  | | | | | | | | | | | | | | | | | | |
| 技能/笔试 | | | |  | | | | | | | | | | | | | | | | | | |
| 加试 成绩 | | 操作 | | | |  | | | | | | | | | | | | | | | | | | |
| 其它 | | | |  | | | | | | | | | | | | | | | | | | |
| 体检情况 | | | | | |  | | | | | | | | | | | | | | | | | | |
| 公示情况 | | | | | |  | | | | | | | | | | | | | | | | | | |
| 聘用岗位 | | | | | |  | | | | | | | | | | | | | | | | | | |
| 用人  单位  意见 | | （盖 章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | |
| 备注 | |  | | | | | | | | | | | | | | | | | | | | | | |

注：本表只需一份（打印正反面）