附件1：

**2024年高青县中医医院公开招聘合同制专业技术人员报名表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | 性 别 | |  | 民族 | |  | | | | 贴照片 | | |
| 出生年月 | |  | | | | 籍 贯 | |  | | | | | | |
| 毕业学校 | |  | | | | 所学专业 | |  | | | | | | |
| 毕业时间 | |  | | | | 学历/学位 | |  | | | | | | |
| 身高（cm） | |  | | | | | | 政治面貌 | | | |  | | | | | |
| 身份证号 | |  | | | | | | | 联系电话 | | |  | | | | | |
| 现住址 | |  | | | | | | | | | | | 婚姻状况 | | | |  |
| 报考岗位 | |  | | | | | | | | | | | | | | | |
| 资格证书 | | 执业资格证名称及取得时间 | | |  | | | | | 相关资格证名称及取得时间 | | | | |  | | |
| 教育经历（从高中开始填起） | | | | | | | | | | | | | | | | | |
| 学习形式（全日制/在职） | | | 学历/学位 | | | 入学时间 | | 毕业时间 | | | | 毕业学校及专业 | | | | | |
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| 工作经历（从毕业开始填起） | | | | | | | | | | | | | | | | | |
| 时间 | | | | 工作地点 | | | | | | | | | | 职称职务 | | 证明人 | |
|  | | | |  | | | | | | | | | |  | |  | |
|  | | | |  | | | | | | | | | |  | |  | |
| 家庭主要成员 | | | | | | | | | | | | | | | | | |
| 关系 | 姓名 | | | 出生年月 | | | 政治面貌 | 工作单位及职务 | | | | | | 联系电话 | | | |
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**本人声明以上内容属实，如有虚假，本人愿意承担由此引发的一切后果。**

**应聘人签名： 年 月 日**