贵州省康复医院2024年公开招聘合同制医师及见习医生报名表

**报考岗位： 报名编号：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | 性别 |  | | 出生年月 | | | |  | | **1寸证件照（1）** |
| 政治面貌 |  | | 民族 | | |  | | | 户 口  所在地 |  | |
| 毕业时间、毕业院校、专业 |  | | | | | | | | | | |
| 学 历 |  | | | | 学位 | | |  | | | |
| 现工作单位  及 职 务 |  | | | | | | | | | | | |
| 专业技术职称 |  | 执业资格 | | | | |  | | | 身高 |  | |
| 移动电话 |  | | | | | 外语等级 | | | |  | | |
| 固定电话 |  | | | | |
| 联系地址 |  | | | | | | | | | | | |
| 身份证号 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | |
| 个  人  简  历  （从高中起） |  | | | | | | | | | | | |
| 资格审查  意见 | 审查人签名： | | | | | | | | | | | |

注：1. 应聘者应对自己所填报资料的真实性负责，凡有弄虚作假者，取消聘用资格；

2. 应聘者认真填写报名表，提供身份证、学历证、资格证、职称证等原件及复印件（A4）；

3．一张近期1寸免冠同版相片一并贴在报名表上。