附件：

**贵州省妇幼保健院招聘编制外聘用人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | 性 别 | | |  | | | 籍贯 | |  | | 贴  照  片 | |
| 出 生  年 月 | |  | | | | 参加工作时间 | | |  | | | 政治  面貌 | |  | |
| 学历 | |  | | | 何时毕业于何院(校) | | | |  | | | 所学  专业 | |  | |
| 有何特长 | |  | | | | | | | | | | | | | | | |
| 通信地址 | |  | | | | | | | | | | | | | | | |
| 固定电话 | |  | | | | | 手机 | | |  | | | | | E-MAIL | |  |
| 婚否 | |  | | 身份  证号 | | |  | | | | | | | | | | |
| 主  要  简  历 | 工作简历 | | | | | | | | | | 学习简历 | | | | | | |
|  | | | | | | | | | |  | | | | | | |
| 家庭主要成员 | 称 谓 | | 姓 名 | | | | | 出生  年月 | | | 学历 | | 现单位及职务 | | | | |
|  | |  | | | | |  | | |  | |  | | | | |
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|  | |  | | | | |  | | |  | |  | | | | |
| 初审  意见 | 初审人（签名）：  年 月 日 | | | | | | | | | | | | | | | | |