**兴义市人民医院自主招聘人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 | |  | | 出生  年月 | |  | | | | | | | | 民族 | | | | |  | | | | 婚否 | | | | |  | | |
| 毕业  院校 |  | | | | | | 专业 | |  | | | | | | | | 学历 | | | | |  | | | | | | | | | | | |
| 毕业时间 |  | | 职称 | | |  | | | 政治面貌 | | | | | | | |  | | | | | | | | | | | | | | | | |
| 籍贯 |  | | | | | | 身份  证号 | |  |  |  | |  |  | |  |  |  |  | |  | |  |  |  | |  | |  |  | |  |  |
| 应聘 岗位 |  | | | | | | 联系  电话 | |  | | | | | | | | | | | 身高 | | | | | | | |  | | | | | |
| 学习及工作经历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 小2寸证件照（1） | | | | 小2寸证件照（2） | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 报名信息确认栏 | | **以上填写信息均为本人真实情况，若有虚假、遗漏、错误，责任自负。**  **应聘人员签名： 代报人员签名：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 初审  意见 | | 审查人签名：  年　月　日 | | | | | | 复审  意见 | | | | 审查人签名：  年　月　日 | | | | | | | | | | | | | | | | | | | | | |