**清镇市暗流镇卫生院非编制人员报名表**

**附件1：**

填表日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | |  | | | 性别 | |  | | 籍贯 | | | |  | | | 贴  照  片 |
| 出生  年月 | | |  | | | 民族 | |  | | | | 政治  面貌 | |  | | |
| 健康  状况 | | |  | | | 体重（kg） | |  | | | | 身高（CM） | |  | | |
| 婚否 | | |  | | | 身份  证号 | |  | | | | | | | | | |
| 通信地址 | | |  | | | | | | | | | | | | | | |
| 固定电话 | | |  | | | 手机 | | |  | | | | | | E-MAIL |  | |
| 全日制  学历 | | |  | | 何时毕业于何院(校) | | | |  | | | | | | 所学  专业 |  | |
| 现学历 | | |  | | 何时毕业于何院(校) | | | |  | | | | | | 所学  专业 |  | |
| 现有专业技术资格 | | | | |  | | | | | | | | | | 执业类别 | |  |
| 报考岗位及专业 | | | | |  | | | | | | | | | | 有何特长 | |  |
| 主要成果、专利及著作 | |  | | | | | | | | | | | | | | | |
| 主  要  简  历 | 学习简历 | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 家庭主要成员 | 姓名 | | | 关系 | | | 出生  年月 | | | | 学历 | | 现单位及职务 | | | | |
|  | | |  | | |  | | | |  | |  | | | | |
|  | | |  | | |  | | | |  | |  | | | | |
|  | | |  | | |  | | | |  | |  | | | | |
|  | | |  | | |  | | | |  | |  | | | | |
| 初审意见 | **初审人（签名）：**  年 月 日 | | | | | | | | | | | | | | | | |