附件

六盘水市妇幼保健院人才引进报名表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | 性别 | |  | | 出生年月  （岁） | | |  | | 照片 |
| 民族 | |  | | 籍贯 | |  | | 出生地 | | |  | |
| 政治  面貌 | |  | | 参加工  作时间 | |  | | 健康状况 | | |  | |
| 专业技  术职务 | |  | | | | 熟悉专业  有何专长 | |  | | | | |
| 学历 | |  | | | 毕业院校  系及专业 | | |  | | | | | |
| 学位 | |  | | |
| 联系  电话 | |  | | | 电子  邮箱 |  | | 通讯  地址 | |  | | | |
| 工作单位及现任职务 | | | | |  | | | | | | | | |
| 意向岗位 | | | | |  | | | | | | | | |
| 简  历 |  | | | | | | | | | | | | |
| 家  庭  主  要  成  员 | 称谓 | | 姓名 | | | | 年龄 | | 政治面貌 | | | 工作单位及职务 | |
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