德保县人民医院招聘工作人员报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | 性别 |  | 政治  面貌 | |  | | 籍贯 | | |  | | 照  片 |
| 出生  年月 |  | | | | 民族 |  | 婚姻状况 | |  | | | | | | |
| 毕业  院校 |  | | | | | | | | 所学  专业 | |  | | | | |
| 毕业  时间 |  | | | | | 学历 | |  | | | 学位 |  | | | |
| 职称 | | |  | | | | | | | 职称取得  时间 | | |  | | | |
| 专业技术资格及取得时间 | | | | | |  | | | | | | | | | | |
| 执业证书及取得时间 | | | | | |  | | | | | | | | | | |
| **报考岗位** | | | |  | | | | | | | | | | | | |
| 通讯地址 | | | |  | | | | | 固定号码 | | | | | |  | |
| 身份证号 | | | |  | | | | | 手机号码 | | | | | |  | |
| 简  历 | |  | | | | | | | | | | | | | | |
| 招聘  单位  审查  意见 | 签名（盖章）： | | | | | | | | | | | | | | | |

说明:报考人员必须用正楷字准确填写此表，特别是 “联系电话”及“身份证号”，不得少位或错位。