附件1

宁波宁慈康复医院公开招聘员额制工作人员报名表

报考岗位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | 身份  证号 |  |  |  |  |  | |  |  |  | |  |  | |  | |  |  |  |  | |  | |  |  | 近期免冠  一寸彩照 |
| 户口  所在地 |  | | | 民族 |  | | | | 性别 | | | | |  | | | | | 政治  面貌 | | | | |  | | | | |
| 初始学历及毕业时间 | |  | | | 毕业院校及专业 | | | | |  | | | | | | | | | | | | | | | | | | |
| 最高学历及毕业时间 | |  | | | 毕业院校及专业 | | | | |  | | | | | | | | | | | | | | | | | | |
| 参加工作时间 |  | | | 健康  状况 |  | | | | 专业技  术职称 | | | | | | | |  | | | | | | | | | | | | |
| 联系  地址 |  | | | | | | | | | | | | | | | | 固定电话 | | | | | | | | |  | | | |
| 移动电话 | | | | | | | | |  | | | |
| E-mail |  | | | | | | | | | | | | | | | | 邮 编 | | | | | | | | |  | | | |
| 个  人  简  历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩  情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。**  **申请人（签名）： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身  份  证  复  印  件  粘  贴  处 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |

**注意：以上表格内容必须填写齐全，个人简历从医学类院校就读开始填写。**