附件2：

2017年莒南县人民医院

公开招聘合同制工作人员报名表

**应聘岗位**： 填报时间： 年 月 日

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | | **性别** | |  | | **出生年月** |  | **一**  **寸**  **彩**  **照** |
| **政治面貌** |  | | | **外语水平** | |  | | **学历** |  |
| **学位** |  | | | **毕业时间** | |  | | **专业方向** |  |
| **毕业院校** |  | | | | | **籍贯** | |  | |
| **身份证号码** | | |  | | | | | **联系电话** |  | |
| **掌握何种临床技能**  **（研究生填写）** | | | | |  | | | | | |
| **发表论文、获奖情况、**  **专业技术资格证书** | | | | |  | | | | | |
| **学习经历** | | **经历** | | | **起止年月** | | **院校名称** | | **所学专业** | **学制** |
| **大专** | | |  | |  | |  |  |
| **本科** | | |  | |  | |  |  |
| **硕士** | | |  | |  | |  |  |
| **临床经历及实习培训经历** | | **起止年月** | | | **实习、工作、培训单位** | | | | | **岗位** |
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|  | | |  | | | | |  |
| **婚姻**  **及家庭情况** | | **姓名** | | | **关系** | | **出生年月** | | **职业** | **现工作单位** |
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**本人保证以上填写资料真实准确，如有违事实、愿意取消报名录用资格。**