**宁波市鄞州人民医院招聘报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 |  | | | 出生年月 | | |  | | | 照片 | |
| 生源 |  | | | 户籍 |  | | | 健康状况 | | |  | | |
| 取得任职资格或执业资格情况 | | | | | |  | | | | | | | |
| 身份证号码 | |  | | | | | | | | | | | |  | |
| 学历 | | 最高学历毕业院校 | | | | | | | | | 毕 业  时 间 | | 专业 | | 学历 |
|  | | | | | | | | |  | |  | |  |
| 现工作单位 | |  | | | | | | | | | | | 参加工  作时间 | |  |
| 联系电话 | |  | | | | | 家庭住址 | | |  | | | | | |
| 个人简历 | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **本人声明：各项内容填写真实完整。如弄虚作假，则取消应聘资格，由此造成的责任自负。**    **本人签名： 年 月 日** | | | | | | | | | | | | | | | |
| 应聘岗位 | | |  | | | | | | 备注 | | |  | | | |