**寿光市人民医院公开招聘工作人员报名表**

**填表时间：2018年   月   日**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓  名** |  | | **性别** | |  | | **出生年月** |  | | **照 片** |
| **毕业学校** |  | | | | | | | | |
| **所学专业** |  | | | | | | | | |
| **学历** |  | | **学位** | |  | | **学制** |  | |
| **毕业时间** |  | | **政治面貌** | |  | | **婚姻状况** |  | |
| **籍  贯** |  | | | | **家庭住址** | |  | | | |
| **联系电话** | **座机** |  | | | | | **手机** |  | | |
| **身份证号码** |  | | | | | | **工作岗位** |  | | |
| **岗位**  **代码** |  | | | **岗位**  **名称** | |  | | **岗位**  **性质** |  | |
| **所学主要专业课程** | **1、** | | | | | | **4、** | | | |
| **2、** | | | | | | **5、** | | | |
| **3、** | | | | | | **6、** | | | |
| **学习简历及奖励情况** |  | | | | | | | | | |
| **以下内容在现场确认时由资格审查人员填写** | | | | | | | | | | |
| **报考资格审查意见：**        **审查人：** | | | | | | | | | | |
| **备注：** | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |

备用照片张贴处                                     备用照片张贴处