**2018年护理人员应聘登记表**

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| **姓 名** |  | **性 别** | |  | **民 族** | | |  | | | 本人免冠彩色1寸照片(插入时粘贴选项选图片即可正常显示) |
| **出生年月** |  | **政治面貌** | |  | **个人身体状况** | | | | | |
| **籍 贯** |  | **婚 否** | |  | **身高** | **健康** | **一般** | **较弱** | **疾病** | **伤残** |
| **身份证号** |  | | | |  |  |  |  |  |  |
| **特 长** |  | | | | | | | | | | |
| **第一学历** | **毕业时间** | |  | | | | | | | | | |
| **毕业学校** | |  | | | | | | | | | |
| **专业名称** | |  | | | | | | | | | |
| **护士资格证书** | **获取时间** | | | | | | | | | | |
| **联系方式：手机号： 邮箱：** | | | | | | | | | | | |
| **工**  **作**  **经**  **历** |  | | | | | | | | | | |
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| **主要**  **社会关系** | **关系** | **姓 名** | **年龄** | **工作单位** | **职称、职务** | **联系电话** |
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| **温馨提示：**  **（1）为了您能及时准确接收到有关通知，请准确录入手机号码和电子邮箱。**  **（2）完整填写好登记表后，打印一份，[并将电子版发送至lcgxbgs1@163.com](mailto:并将电子版发送至lcgxbgs1@163.com)。**  **（3）如通讯方式改变请及时邮件或电话告知：0635-8426611，否则后果自负。** | | | | | | |