附件1

简阳市妇幼保健院编外人员考试报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | | 性 别 | | | |  | | | 出生年月 | | | | | |  | | | | 照片 |
| 民 族 |  | | 身份证号码 | | | | | | |  | | | | | | | | | | | | | |
| 出生地 |  | | | 政治  面貌 | | | |  | | | | | 婚姻状况 | | |  | | | 健康状况 | | |  | |
| 专业技  术职务 |  | | | 执业  资质 | | | |  | | | | 熟悉专业  有何特长 | | | | |  | | | | | 是否规培 | |  |
| 学历  学位 | 全日制学历 | | | | |  | | | | | | 毕业院校  及专业 | | | | |  | | | | | | | |
| 在职学历 | | | | |  | | | | | | 毕业院校  及专业 | | | | |  | | | | | | | |
| 联系电话 | |  | | | | | | | | | | 邮箱 | | | | |  | | | | | | | |
| 现工作单位 | |  | | | | | | | | | | | | | 居住地址 | | | | | |  | | | |
| 面试岗位代码 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 简历 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 奖 惩  情 况 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭  主要  成员 | 称谓 | | | | 姓名 | | | | 出生年月 | | | | | | | | | 政治面貌 | | | | | 工作单位及职务 | |
|  | | | |  | | | |  | | | | | | | | |  | | | | |  | |
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|  | | | |  | | | |  | | | | | | | | |  | | | | |  | |
| 审核  意见 | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |