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| **附件2 ：**  淄博市第四人民医院合同制员工招聘报名表 | | | | | | | | | | | | | | | |
| 姓 名 | |  | | | 性 别 | |  | 民族 |  | | | | | 照片 | |
| 出生年月 | |  | | | 籍 贯 | |  | | | | | | |
| 毕业学校 | |  | | | 所学专业 | |  | | | | | | |
| 毕业时间 | |  | | | 学历/学位 | |  | | | | | | |
| 政治面貌 | |  | | | | | 加入党（团）时间 | | |  | | | | | |
| 身份证号 | |  | | | | | | 联系电话 | |  | | | | | |
| 现住址 | |  | | | | | | | | | | 婚姻状况 | | |  |
| **报考岗位** | |  | | | | | 是否服从岗位调配 | | |  | | | | | |
| 执业资格及取得时间 | |  | | | | | 邮箱地址 | | |  | | | | | |
| 教育经历（从高中开始填起） | | | | | | | | | | | | | | | |
| 学习形式（全日制/在职） | | | 学历/学位 | | 入学时间 | | 毕业时间 | | | 毕业学校及专业 | | | | | |
|  | | |  | |  | |  | | |  | | | | | |
|  | | |  | |  | |  | | |  | | | | | |
| 工作经历（从毕业开始填起） | | | | | | | | | | | | | | | |
| 时间 | | | | 工作地点 | | | | | | | 职称职务 | | 证明人 | | |
|  | | | |  | | | | | | |  | |  | | |
|  | | | |  | | | | | | |  | |  | | |
| 家庭主要成员 | | | | | | | | | | | | | | | |
| 关系 | 姓名 | | | 出生 年月 | | 政治 面貌 | 工作单位及职务 | | | | 联系电话 | | | | |
|  |  | | |  | |  |  | | | |  | | | | |
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