|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附： | |  |  |  |  |  |  |  |  | |  |  | |  |  | | |
|  | **准旗人民医院优质卫生人才引进报名登记表** | | | | | | | | | | | | | | |
|  | |  |  |  |  |  |  |  |  | |  |  | |  |  | | |
| 姓名 | |  |  | 性别 |  | 民族 |  | 户籍所在地 |  | | | |  | | |
| 出生 年月 | |  | 政治 面貌 |  | | 最高学历 | |  | 学位 |  | | |
| 执业资格及时间 | | |  | | 专业技术 职务及时间 | | |  | | | | |
| 参加工作时间 | | |  | | 身体健康状况 | | |  | | | | |
| 身份 证号 | |  | | | | | 联系电话 | |  | | | | | | |
| 有何特长 | | |  | | | | | | | | | | | | |
| 学历经历 | | 起止时间 | | 毕业院校 | | | | | 专业 | | 学历/学位 | | | | |
|  | |  | | | | |  | |  | | | | |  |
|  | |  | | | | |  | |  | | | | |
| 工作经历 | | 起止时间 | | 单位 | | | | | 从事何种专业技术工作 | | 职务 | | | | |
|  | |  | | | | |  | |  | | | | |
|  | |  | | | | |  | |  | | | | |
|  | |  | | | | |  | |  | | | | |
| 培训经历 | | 起止时间 | | 专业或主要内容 | | | | | 学习地点 | | | | | | |
|  | |  | | | | |  | | | | | | |
|  | |  | | | | |  | | | | | | |
|  | |  | | | | |  | | | | | | |