附件

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | 性别 | | |  | | 民族 | | |  | | 照  片 |
| 出生年月 | |  | | | 籍贯 | | |  | | 政治面貌 | | |  | |
| 毕业时间及院校 | | 全日制： | | | | | | | | 所学专业 | | |  | |
| 在职教育： | | | | | | | | 所学专业 | | |  | |
| 最高学历 | |  | 学位 |  | | | 婚否 | |  | | 取得相应资格证 | | |  | |
| 身份证号 | |  | | | | | | | | 联系电话 | | |  | | |
| 应聘岗位 | | | | | |  | | | | | | | | | |
| 家庭详细住址 | | | | | |  | | | | | | | | | |
| 本  人  简  历 |  | | | | | | | | | | | | | | |
| 家庭成员及主要社会关系 | 姓名 | | | | | | | 与本人关系 | | | | 工作单位及职务 | | | |
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| 备注 |  | | | | | | | | | | | | | | |

象州县马坪镇卫生院招聘工作人员报名表