**附件：**

**齐齐哈尔医学院临时工登记表**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | **性 别** |  | **出生年月** | |  | 2寸  免冠  照片 |
| **文化程度** |  | **政治面貌** |  | **民 族** | |  |
| **宗教信仰** |  | | **联系电话** | |  | |
| **家庭住址** |  | | | | | | |
| **身份证号** |  | | | | | | |
| **应聘岗位** |  | | | | | | |
| **个人简历** |  | | | | | | |
| **应聘优势** |  | | | | | | |
| **健康状况** |  | | | | | | |

**应聘人签字：**