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| **寿宁县中医院卫生专业技术人员招聘报名表**  **报名岗位： 填报时间：** | | | | | | | | | | |
| **姓 名** |  | **身份证号码** | |  | | | | | | 照片 |
| **性 别** |  | **政治面貌** | |  | **学历** | |  | | |
| **毕业院校 及专业** |  | | | | **毕业时间** | |  | | |
| **职称及取得时间** |  | | **户口所在地** | |  | | | | | |
| **现工作单位** |  | | | | **手机号码** | | |  | | |
| **家庭地址** |  | | | | **联系电话** | | |  | | |
| **工 作 学 习 简 历** |  | | | | | | | | | |
| **兴趣及特长** |  | | | | | 应届 历届 | | | □ 应届  □ 历届 | |
| 备 注 | | | | | | | | | | |
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