台安县中医院

招聘护士岗位报名登记表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | |  | | | 性别 | |  | 出生年月 | | |  | | | 一  寸  彩  色  照  片 |
| 政治面貌 | | |  | | | 民族 | |  | 籍贯 | | |  | | |
| 身份证号 | | |  | | | | | | 健康状况 | | |  | | |
| 毕业院校 | | |  | | | | | | 毕业时间 | | |  | | |
| 专业 | | |  | | | | | | 学位 | | |  | | | |
| 移动电话 | | |  | | | | | | E-mail | | |  | | | |
| 教育背景 | | | | | | | | | | | | | | | |
| 起止年月 | | | | 学位 | 毕业院校及系院 | | | | | 所学专业 | | | 研究方向 | | |
|  | | | | 硕士 |  | | | | |  | | |  | | |
|  | | | | 本科 |  | | | | |  | | |  | | |
|  | | | | 专科 |  | | | | |  | | |  | | |
|  | | | | 中专 |  | | | | |  | | |  | | |
| 是否具有护士资格证 | | | | |  | | | | | 或护士考试成绩 | | |  | | |
| 工作经历 | | | | | | | | | | | | | | | |
| 起止年月 | | | | 工作单位 | | | | | | | | | | 职称（职务） | |
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|  | | | |  | | | | | | | | | |  | |
|  | | | |  | | | | | | | | | |  | |
| 家庭成员关系 | | | | | | | | | | | | | | | |
| 姓名 | | | | 关系 | | | 电话 | | | | 工作单位 | | | | |
|  | | | |  | | |  | | | |  | | | | |
|  | | | |  | | |  | | | |  | | | | |
| 科研项目及发表论文等情况 |  | | | | | | | | | | | | | | |
| 获奖情况 |  | | | | | | | | | | | | | | |
| 其它 |  | | | | | | | | | | | | | | |
| **本人郑重承诺：本人所提供的个人信息、证明资料、证件等真实、准确。对因提供有关信息证件不实或违反有关纪律规定所造成的后果，本人自愿承担相关责任。**  **应聘人员签名：**  **年 月 日** | | | | | | | | | | | | | | | |
| 资格审查意见 | | **审查人： 年 月 日** | | | | | | | | | | | | | |

**注：栏目如无信息请填写“无”；“获奖情况”请填写校级以上获奖**