附件:

广东药科大学附属第二医院（云浮市中医院）

招聘人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | 性别 | |  | 出生年月 | | | |  | | 照片 | |
| 民族 |  | | | | 籍贯 | |  | 政治面貌 | | | |  | |
| 现户籍地 | |  | | | | | | 婚姻状况 | | | |  | |
| 身份证号码 | |  | | | | | | | | 联系电话 | |  | | | |
| 毕业院校 |  | | | | | | | | | 毕业时间 | |  | | | |
| 所学专业 |  | | | | | | | | | 学历及学位 | | |  | | |
| 工作单位 |  | | | | | | | | | 单位性质 | | |  | | |
| 专业技术资格 | | |  | | | 职业资格 | | |  | | 执业资格 | | | |  |
| 学习、工作经历  （何年何月至何年何月在何地、何单位工作或学习、任何职，从高中开始，按时间先后顺序填写） | | | |  | | | | | | | | | | | |
| 有何特长或突出业绩 | | | |  | | | | | | | | | | | |
| 本人签名 |  | | | | | | | | | | | | | | |