附件1：

**信丰县人民医院公开招聘报名表**

年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 | |  | | 民族 | | |  | | | 照  片 |
| 出生年月 |  | 籍贯 | |  | | 身体状况 | | |  | | |
| 政治面貌 |  | 婚否 | |  | | 生育情况 | | |  | | |
| 全日制学历 |  | 毕业院校及时间 | | | | | |  | | | | |
| 身份证号码 |  | | | | | | | | | | | |
| 报考岗位 |  | | | | | | 联系方式 | | |  | | |
| 现有专业资格 |  | | | | | | | | | | | |
| 工作经历 | | | | | | | | | | | | |
| 起止时间 | 工作单位及职务 | | | | | | | | | | | 证明人及电话 |
|  |  | | | | | | | | | | |  |
|  |  | | | | | | | | | | |  |
|  |  | | | | | | | | | | |  |
|  |  | | | | | | | | | | |  |
| 家庭主要成员情况 | | | | | | | | | | | | |
| 姓名 | 与本人关系 | | 政治面貌 | | 工作单位及职务 | | | | | | 联系电话 | |
|  |  | |  | |  | | | | | |  | |
|  |  | |  | |  | | | | | |  | |
|  |  | |  | |  | | | | | |  | |
|  |  | |  | |  | | | | | |  | |
|  |  | |  | |  | | | | | |  | |
| 奖惩情况 |  | | | | | | | | | | | |