三明市康复疗养院护士岗位招聘报名表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓　名 | |  | | 性　别 | |  | | | 出生年月 | |  | | 二寸彩照 | |
| 民　族 | |  | | 政治面貌 | |  | | | 最高学历 | |  | |
| 婚姻状况 | |  | | 身 高 | |  | | | 毕业时间 | |  | |
| 所学专业 | |  | | 毕业学校 | |  | | | | | | |
| 联系电话 | |  | | | | 电子邮箱 | |  | | | | |
| 通讯地址 | |  | | | | 身份证号码 | |  | | | | |
| 可到岗时间 | |  | | | | 执业证书情况 | |  | | | | | | |
| 学习经历（从初中毕业起） | 起止年月 | | 院　校　名　称 | | | | | | | | | 所学专业 | |  |
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| 工  作  经  历 | 起止年月 | | 工作单位(应届毕业生请填写实习单位) | | | | | | | | | 岗 位 | | 核查电话 |
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| 家  庭  情  况 | 姓　名 | | 关系 | | 出生年月 | | 职　业 | | | 现工作单位 | | | | |
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| 其  他 |  | | | | | | | | | | | | | |

本人保证以上所填资料真实准确，如有违事实，愿意取消报名、聘用资格。

填写人签名：　 　年 月 　日