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| **附件1：** | | **招聘单位、职位及指标** | | | | | |
| 职位 编码 | 职位名称 | | 生源和户籍 | 招聘单位 | 学历 | 数量 | 职位要求及其他 |
| 1 | 护理1 | | 不限 | 市中医医院 | 大专 | 8 | 护理相关专业。 |
| 2 | 护理2 | | 不限 | 梨洲街道分院 | 大专 | 3 | 护理相关专业，具备执业护士资格。 |
| 3 | 护理3 | | 不限 | 河姆渡分院 | 大专 | 1 | 护理相关专业，具备执业护士资格。 |
| 4 | 护理4 | | 不限 | 河姆渡分院 | 中专 | 1 | 护理相关专业。 |
| 5 | 护理5 | | 不限 | 大隐分院 | 中专 | 1 | 护理相关专业，具备执业护士资格。 |
| 6 | 护理6 | | 不限 | 凤山街道分院 | 大专 | 2 | 护理相关专业，具备执业护士资格。 |
| 7 | 临床1 | | 不限 | 凤山街道分院 | 大专 | 1 | 临床医学专业，具有执业（助理）医师资格。 |
| 8 | 临床2 | | 不限 | 河姆渡分院 | 大专 | 1 | 临床医学专业。 |
| 9 | 药学 | | 不限 | 河姆渡分院 | 大专 | 1 | 药学专业，具备药士资格。 |
| 10 | 收费员 | | 不限 | 市中医医院 | 大专 | 1 | 财会相关专业，具有初级会计职称或会计从业人员资格证。 |

附件2：

**余姚市中医医院及分院编外招聘报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **姓名** |  | | **身份证号码** | | | | | | |  |  |  | |  |  | | |  |  |  | | |  |  |  |  | |  | | |  |  | |  |  |  | **1寸照片** |
| **性别** |  | **出生**  **年月** | | |  | | | | | **学历/**  **学位** | | | | | |  | | | | | | | | | | | **外语等级** | | | | | |  | | | |
| **毕业**  **时间** |  | | | **毕业院校** | | |  | | | | | | | | | | | | | | | **专业** | | | | | | | |  | | | | | | |
| **应聘单位及职位** |  | | | | | | | | **职位编码** | | | | | | | |  | | | | | **政治面貌** | | | | | | | |  | | | | | | |
| **生源户籍所在地（乡镇）** | | | | | |  | | | | | | | | | | | | | | | | **执业资格/职称** | | | | | | | |  | | | | | | | |
| **家庭**  **地址** |  | | | | | | | **邮编** | | | | |  | | | | | | | | **手机** | | | | | | | |  | | | | | | | | |
| **其他电话** | | | | | | | |  | | | | | | | | |
| **工作**  **单位** | **（历届考生填写）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本**  **人**  **简**  **历** | **从初中开始** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **家 庭**  **主 要**  **成 员**  **情 况** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **真实性承诺** | **本人承诺：本人所填写的内容真实可靠，所提供的证书、证明等材料真实有效、取得途径合法。如有任何不实，本人愿意接受余姚市中医医院及分院取消本人应聘、录用资格等有关处理决定。**  **签名：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **招 聘**  **资 格**  **审 核**  **意 见** | **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |