**唐山市工人医院补充选聘报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | | 性别 | | | | |  | | | | 应聘岗位 | | | | | |  | | | | | | | | | | | 照  片 | |
| 民族 |  | | 婚否 | |  | | | | | 身份证号码 | | | | | | | |  | | | | | | | | | | | | |
| 工作时间 | | |  | | | 职称  及取得时间 | | | | | | |  | | | | | | | | | | | 政治面貌 | | | |  | | |
| 出生日期 | | | 年 月 日 | | | | | | | | | | | | | | | | | 健康状况 | | | | |  | 身高 | | | cm | |
| 户口所在地 | | |  | | | | | | | 籍贯 | | | | |  | | | | | 联系电话 | | | | |  | | | | | |
| 家庭住址 | | |  | | | | | | | | | | | | | | | | | 移动电话 | | | | |  | | | | | |
| 联系地址 | | |  | | | | | | | | | | | | | | | | | 邮 编 | | | | |  | | | | | |
| 教  育  背  景 | 毕 业 学 校 | | | | | | | | | | | | | | | 专业 | | | | | | 毕业时间 | | | | | 学历 | | | 学位 | | |
|  | | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | |  | |
| 执业资格及取得时间 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 工作  经历或 社会实践 | | 起止时间 | | | | | 工 作 单 位 | | | | | | | | | | | | | | 岗位及职务 | | | | | | | 主 要 业 绩 | | | | |
|  | | | | |  | | | | | | | | | | | | | |  | | | | | | |  | | | | |
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| 家  庭  情  况 | 关系 | | | 姓 名 | | | | | 年龄 | | | 学历 | | | | | | | 工 作 单 位 | | | | | | | | | | | | | 岗位及职务 |
| 父亲 | | |  | | | | |  | | |  | | | | | | |  | | | | | | | | | | | | |  |
| 母亲 | | |  | | | | |  | | |  | | | | | | |  | | | | | | | | | | | | |  |
| 配偶 | | |  | | | | |  | | |  | | | | | | |  | | | | | | | | | | | | |  |
| 其他 | | |  | | | | |  | | |  | | | | | | |  | | | | | | | | | | | | |  |
| 何时获得何种奖励及受处罚情况 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 熟悉何种专业技  术及有何种专长 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人承诺：以上信息填写真实有效，否则责任自负。 本人签字： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |