自贡市妇幼保健院报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** |  | | | **年龄** | |  | **民族** |  | | **1寸近期**  **免冠照片** |
| **身份证号码** | |  | | | | | | **籍贯** | |  | |
| **何时、何校毕业** | |  | | | | | | | | | |
| **学历、学位及专业** | |  | | | | | | | | | |
| **申报岗位** |  | | | **是否服从调配** | | |  | | | | | |
| **身高** |  | | | **体重** | | |  | | | | | |
| **专业技术职称** |  | | | | | **执业资格获得时间** | |  | | **首次参加工作时间** | |  |
| **专业技术职称取得时间** |  | | | | | **联系方式** | | **手机** |  | | | |
| **邮箱** |  | | | |
| **有何特长** |  | | | | | | | | **健康状况** | |  | |
| **个人**  **简历(学习、工作）** |  | | | | | | | | | | | |
| **奖惩情况** |  | | | | | | | | | | | |
| **配偶情况** | **姓名** |  | | | **年龄** |  | | **学历** |  | | **专业** |  |
| **工作单位及职务** | | | |  | | | | | | | |
| **承诺** | 本人对以上内容的真实性、准确性和合法性负责，如有虚假，愿意承担相关责任。  **填表人： 年 月 日** | | | | | | | | | | | |
| **审核情况** |  | | | | | | | | | | | |

**（不要改变表格格式）**