附件3：

五莲县人民医院

2018年公开招聘专业技术人员报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | 性别 |  | | | 出生日期 | |  | 照片 |
| 学历 |  | | | | | 民族 |  | | | 政治面貌 | |  |
| 身份证号 |  | | | | | | | | | | | |
| 参加工作时间 | | |  | | | 现工作单位 | | |  | | | |
| 报考专业 |  | | | | | | | | | | | |
| 资格证 类型 |  | | | | | | 取得时间 | | | |  | | |
| 手机 |  | | | | | | | | | | | | |
| 现户籍所在地 | | | |  | | | 家庭住址 | | | |  | | |
| 全日制 研究生学段 | | 毕业院校专业 | | |  | | | | | | | | |
| 全日制  本科学段 | | 毕业院校专业 | | |  | | | | | | | | |
| 全日制  专科学段 | | 毕业院校专业 | | |  | | | | | | | | |
| 家庭成员情况 | | 称谓 | | | 姓名 | | | 工作单位及职务 | | | | | |
|  | | |  | | |  | | | | | |
|  | | |  | | |  | | | | | |
|  | | |  | | |  | | | | | |
|  | | |  | | |  | | | | | |
| 个人简历（从高中填起） | |  | | | | | | | | | | | |