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| 永宁县乡镇卫生院招聘（临聘）卫生专业技术人员报名表 | | | | | | | | | | | | | | |
| 姓名 |  | | 性别 | | |  | | | 民族 | | |  | （照片） | |
| 出生日期 |  | | 户籍所在地 | | |  | | | | | | |
| 身份证号 |  | | | | | 政治面貌 | | | | |  | |
| 毕业院校 |  | | | 毕业时间 | | | |  | | | | |
| 学历 |  | | | 技术职称 | | | |  | | | | |
| 拟受聘工作单位及岗位 |  | | | | | 特长 | | | | |  | | | |
| 联系电话 | |  | | | 婚姻状况 | | | | |  | | | | |
| 个人简历 | |  | | | | | | | | | | | | |
| 家庭成员及主要社会关系历史表现情况 | | 姓名 | 与本人关系 | | | | 工作单位及职务职称 | | | | | | | 联系电话 |
|  |  | | | |  | | | | | | |  |
|  |  | | | |  | | | | | | |  |
|  |  | | | |  | | | | | | |  |
| 用人单位意见 | | 签名：  年 月 日 | | | | | | | | | | | | |