蚌埠市第二人民医院医联体暨安徽嘉事康复中心

公开招聘人员报名表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | | 性别 |  | | | 民族 | |  | | | | 政治面貌 | | | | |  | | | 一寸  免冠照片 |
| 出生  年月 | |  | | | | 身份证号码 | | | | |  | | | | | | | 籍贯 | | |  | | |
| 毕业  学校 | |  | | | | | | | | | 所学  专业 | | |  | | | | | | | 学制 |  | |
| 学历  （学位） | |  | | | 计算机等级 | | |  | | | 英语  等级 | | | |  | | | | | 有何  专长 | | |  | |
| 通讯  地址 | |  | | | | | | | | | | | 联系电话 | | | |  | | | | | | | | |
| 报考单位  （职位） | | |  | | | | | | | | | | | | | | | | | | | | | |
| 简  历 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭  状况 | 称谓 | | | 姓名 | | | | | 政治面貌 | | 工作单位及职务 | | | | | | | | | | | | | |
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| 招聘单位审查意见 | （盖章）  年 月 日 | | | | | | | | | | 委托单位审查意见 | | | | | | | | （盖章）  年 月 日 | | | | | |