附件1：

巧家县崇溪镇卫生院2025年公开招聘

乡村医生报名表

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓  名** | |  | | | **性别** |  | **出生年月** |  | | **照片** |
| **民  族** | |  | | | **政治面貌** |  | **婚姻状况** |  | |
| **职称资格** | |  | | | | | **主要**  **专业特长** |  | |
| **全日制学历毕业学校** | |  | | | | **毕业**  **时间** |  | **所学**  **专业** |  | |
| **国民教育学历毕业学校** | |  | | | | **毕业**  **时间** |  | **所学**  **专业** |  | |
| **最高学历毕业证号** | |  | | | | | **身份证号码** |  | | |
| **联系电话** | |  | | | | | | | | |
| **本人主要学习工作简历** | **起止年月** | | **工作学习单位** | | | | | | | **职   务** |
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| **家庭主要成员信息** | **姓  名** | | **性别** | **称 谓** | | **年龄** | **现工作单位（住址）** | | | |
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| **资格复审意见：**       审查人签字： 年     月     日 | | | | | | | | | | |