莲花中心卫生院招聘聘用人员报名表

**应聘岗位：护士**

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| 姓 名 |  | | | 曾用名 |  | | 性别 | | |  | | 民族 | | |  | 照片 | |
| 出 生  年 月 |  | | | 年龄  （岁） |  | | 籍贯 | | |  | | 政治面貌 | | |  |
| 学历 |  | | | 学位 |  | | 参加工作时间 | | |  | | 入党时间 | | |  |
| 第一  学历 |  | | | | 专业 | |  | | | | | 毕业时间 | | |  |
| 最高  学历 |  | | | | 专业 | |  | | | | | 毕业时间 | | |  |
| 原工作单位岗位及职务（职称） | | | |  | | | | | | | | 任职时间 | | | |  | |
| 身份证号码 | | | |  | | | | | | | | 手机号码 | | | |  | |
| 专技职称级别 | |  | | 专技职称专业 | |  | | 证书获得时间 | | | |  | | 证书编号 | |  | |
| 执业证类别 | |  | | 执业  范围 | |  | | 证书获得时间 | | | |  | | 证书编码 | |  | |
| 紧急联系人及称呼 | | | |  | | | | | | | | 紧急联系人电话 | | | |  | |
| 家庭住址 | | | |  | | | | | | | | | | | | | |
| 学习经历  （填写专科、本科、研究生学习经历） | | | 起止时间 | | 学校名称 | | | | | 专业名称 | | | 学历 | | 学位 | | 全日制/在职 |
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| 工作简历 | | | 起止时间 | | 工作单位 | | | | | | 职务 | | | | 工作内容 | | |
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| 家庭成员及主要社会关系 | | | 称谓 | 姓名 | 年龄 | | | | 政治面貌 | | | 工作单位及职务 | | | | | |
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| 奖励或荣誉（区级以上） | | | 奖励或荣誉名称 | | 授予单位 | | | | | | 授予时间 | | | | 级别（国家、省、市、区） | | |
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| 受惩情况 | | |  | | | | | | | | | | | | | | |

注：表格请如实填写，时间填写范例：1997.02。