洱源县邓川镇中心卫生院编外招聘报名表

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 |  | | 民族 | | |  | | 照片 |
| 出生年月 |  | | 籍贯 |  | | 政治面貌 | | |  | |
| 毕业院校 |  | | | | | 学历 | | |  | |
| 专业技术资格 | |  | | | 取得时间 | | |  | | |
| 身份证号 | |  | | | | | 联系电话 | | |  | |
| 居住地址 | |  | | | | | | | | | |
| 个人简历 | |  | | | | | | | | | |
| 笔试 | | 监考人员： | | | | | | | | | |
| 面试 | | 监考人员： | | | | | | | | | |
| 招聘单位  审核意见 | |  | | | | | | | | | |