**宁波市康复医院公开招聘报名表**

报考岗位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 性 别 | | |  | 出生年月 | | |  | | | | | 近期免冠  一寸彩照 | |
| 民 族 |  | 籍 贯 | | |  | 健康状况 | | |  | | | | |
| 政治面貌 |  | 婚姻状况 | | |  | 户口所在地 | | |  | | | | |
| 身份证号 |  | | | | | | | | | | | | |
| 初始学历（学位）及专业 |  | | | 毕业院校  及毕业时间 | | |  | | | | | | |
| 最高学历（学位）及专业 |  | | | 毕业院校  及毕业时间 | | |  | | | | | | |
| 参加工作  时间 |  | | 资格证书名称  及取得的时间 | | | |  | | | | | | | | |
| 固定电话 |  | | | | | | 移动电话 | | |  | | | | | |
| 联系地址 |  | | | | | | | | | | | | | | |
| 邮政编码 |  | | | | | | | E-mail | | |  | | | | |
| 现工作单位 |  | | | | | | 职务 | | | | | |  | | |
| 本人简历（从中学开始，按时间先后顺序填写） |  | | | | | | | | | | | | | | |
| 主要家庭成员情况 | 称谓 | 姓名 | | | 工作单位 | | | | | | | 职务 | | | 备注 |
|  |  | | |  | | | | | | |  | | |  |
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|  |  | | |  | | | | | | |  | | |  |
| **本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。**  **申请人（签名）： 年 月 日** | | | | | | | | | | | | | | | |