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| **附件：**  荣县精神病医院员额人员招聘报名表 | | | | | | | | | | | | | |
| **姓名** |  | | **性别** |  | | | **年龄** | |  | | **民族** |  | **1寸近期**  **免冠照片** |
| **身份证号码** | |  | | | | | **政治面貌** | | |  | **籍贯** |  |
| **毕业院校及时间** | | |  | | | | | | | | | |
| **学历、学位及专业** | | |  | | | | | | | | | |
| **报名岗位** |  | | | | **是否服从调配** | | |  | | | | | |
| **身高** |  | | | | **体重** | | |  | | | | | |
| **执业**  **资格** |  | | | | | | **执业资格获得时间** | |  | | | **首次参加 工作时间** |  |
| **职称取得情况** |  | | | | | | **联系方式** | | **手机** | |  | | |
| **家庭电话** | |  | | |
| **有何特长** |  | | | | | | | | | | | | |
| **健康状况** |  | | | | | | **婚姻状况** | | | |  | | |
| **个人简历(学习、工作情况）** |  | | | | | | | | | | | | |
| **奖惩情况** | **（需提供附件资料）** | | | | | | | | | | | | |
| **家庭主要成员** | **姓名** | | **与本人关系** | | | **工作单位及职务** | | | | | **居住地址** | | |
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| **承诺** | 本人对以上内容的真实性、准确性和合法性负责，如有虚假，愿意承担相关责任**。 填表人：**  **年 月 日** | | | | | | | | | | | | |
| **审核情况** |  | | | | | | | | | | | | |