**都拉民族卫生院医师岗位报名表**

**填表日期： 年 月 日**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | **性 别** | |  | **出生年月** |  | **照**  **片** | |
| **户 籍** |  | **健康状况** | |  | **婚姻状况** |  |
| **学 历** |  | **学 位** | |  | **民 族** |  |
| **毕业院校及专业** |  | | | | | |
| **联系电话** |  | | | | **现单位是否为临聘人员** |  | | |
| **身份证号** |  | | | | | | | |
| **家庭现住址** |  | | | | | | | |
| **资格证编码** |  | | | | | | | |
| **学习经历（从高中毕业后开始写）** | **起止时间** | | **就读学校** | | | **专业** | | **是否毕业** |
|  | |  | | |  | |  |
|  | |  | | |  | |  |
|  | |  | | |  | |  |
|  | |  | | |  | |  |
|  | |  | | |  | |  |
| **工作经历** | **起止时间** | | **工作单位** | | | **职位** | | **离职原因** |
|  | |  | | |  | |  |
|  | |  | | |  | |  |
|  | |  | | |  | |  |
|  | |  | | |  | |  |
|  | |  | | |  | |  |
|  | |  | | |  | |  |
|  | |  | | |  | |  |
| **自我介绍**  **（不超过100字，含履职奖惩情况）** |  | | | | | | | |
| **附图：身份证、毕业证书、资格证书** |  | | | | | | | |