**铜陵市第二人民医院招聘护理人员登记表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | **性别** | | |  | **出生年月** | | | |  | | | **一寸照片** |
| **籍 贯** | |  | **民族** | | |  | **政治面貌** | | | |  | | |
| **所学专业** | |  | **毕业学校** | | |  | | | | | | | |
| **毕业时间** | |  | **学历** | | |  | **身体状况** | | | |  | | |
| **身份证号码** | |  | | | | | | | | **现有职称** | | | |  |
| **现工作单位及科室** | |  | | | | | | | **参加工作时间** | | | | |  |
| **联系电话：** | | **手机** | |  | | | | | **固定电话** | | |  | | |
| **学习工作简历** |  | | | | | | | | | | | | | |
| **奖惩情况** |  | | | | | | | | | | | | | |
| **家庭主要成 员** | **姓名** | | | | **性别** | | | **年龄** | | | | | **职业** | |
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| **本人承诺：上述填写内容真实完整。应聘者应对自己所填报资料的真实性负责，凡有弄虚作假者，取消聘用资格；**  **（签名）：**  **年 月 日** | | | | | | | | | | | | | | |