附件

楚雄州精神病医院报名人员信息登记表

填表时间： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | 性别 | |  | 出生年月 | | |  | | 贴照片处 |
| 籍贯 | |  | | 民族 | |  | 政治面貌 | | |  | |
| 联系电话 | |  | | | | 电子邮箱 | | |  | | |
| 身份证号 | | | |  | | | | | | | |
| 学历 | |  | | 学位 | |  | | | 所学专业 | | |  |
| 毕业学校 | | | |  | | | | | | 毕业时间 | |  |
| 身高 | |  | | 体重 | |  | 主要特长 | | |  | | |
| 应聘岗位 | |  | | | | 是否服从分配 | | | |  | | |
| 有无资格证书 | | | |  | | 证书编号 | | | |  | | |
| 家庭成员 | 称谓 | | 姓名 | | 出生年月 | | | 政治面貌 | | | 工作单位 | |
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| 本人简历 | 起止年月 | | | | 毕业院校或工作单位 | | | | | | | |
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声明：以上填写的信息真实准确，如若不实，责任自负。本人签字：