附件1：

**七台河市中医医院招聘专业技术人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | 性 别 | |  | | 出生年月  （ 周岁） | | 年  月 | | | | 二  寸  彩  照 | | | | | | |  |
| 民 族 |  | | | | 籍 贯 | |  | | 家庭住址 | |  | | | |  |
| 参加工  作时间 |  | | | | 政 治  面 貌 | |  | | 健康状况 | |  | | | |  |
| 执业资格 |  | | | | | | 取得时间 | |  | | | | | |  |
| 现职称 |  | | | | | | 晋升时间 | |  | | | | 联系电话 | |  | | | | | | |  |
| 第一学历 |  | | | | | 毕业院校及专业 | |  | | | | | 毕业时间 | |  | | | | | | |  |
| 最高学历 |  | | | | | 毕业院校及专业 | |  | | | | | 毕业时间 | |  | | | | | | |  |
| 原工作单位及职务 | |  | | | | | | | | 申报岗位 |  | | | | 是否服从  调剂 | | |  | | | |  |
| 学  习  经  历 |  | | | | | | | | | | | | | | | | | | | | |  |
| 工  作  经  历 |  | | | | | | | | | | | | | | | | | | | | |  |
| 学  术  成  果 |  | | | | | | | | | | | | | | | | | | | | |  |
| 审  核  结  果 | （章）  年     月     日 | | | | | | | | | | | | | | | | | | | | |  |
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