**荆门市二医招聘护士报名表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓　　名 | |  | | | 性　　别 | |  | | 民　　族 | | | |  | | 照  片 | |
| 政治面貌 | |  | | | 出生年月 | |  | | 健康状况 | | | |  | |
| 文化程度 | |  | | | 毕业、时间、学校、专业 | |  | | | | | | | |
| 身份证号码 | |  | | | | | 身高达标  （是/否） | | | |  | | | |
| 通讯地址 | |  | | | | | 联系  电话 | | | |  | | | | | |
| 护士执业资格证书（是/否） | | | | | | |  | | | | 职称证书（是/否） | | | | |  |
| 籍贯 | 省　　市（县）　　　区（镇）　　　村　　　组 | | | | | | | | | | | | | | | |
| 个  人  简  历 | 时　　间 | | | | | 在何地何单位 | | | | | | 任何职 | | | | |
| 年月起 | | | 年月止 | |
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|  | | |  | |  | | | | | |  | | | | |
| 家庭  主要  成员 | 关系 | | 姓名 | | | 政治面貌 | | 工作单位及职务 | | | | | | 联系电话 | | |
|  | |  | | |  | |  | | | | | |  | | |
|  | |  | | |  | |  | | | | | |  | | |
|  | |  | | |  | |  | | | | | |  | | |
| 个人  特长 |  | | | | | | | | | | | | | | | |
| 奖励： | | | | | | | | | | 处分： | | | | | | |