**诸暨市中心医院公开招聘非编人员登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | 性别 |  | | 出生年月 | | |  | 照  片 | | |
| 民 族 | |  | | | 籍贯 |  | | 政治面貌 | | |  |
| 学历 | |  | | | 毕业时间及学校 | |  | | | | |
| 所学专业 | |  | | | 健康状况 | | |  | | | |
| 身份证号码 | | |  | | | 联系电话 | | | | |  | | | |
| 家 庭 住 址 | | | | |  | | | | | | 婚姻状况 |  | | |
| 何时何地参加工作 | | | |  | | | | | 何时取得何现任资格（职称） | | | | |  |
| 应聘岗位 | | | | |  | | | | | 是否服从其他岗位 | | |  | |
| 本  人  主  要  简  历 |  | | | | | | | | | | | | | |
| 奖惩  情况 |  | | | | | | | | | | | | | |
| 主要家庭成员情况 |  | | | | | | | | | | | | | |
| 备注 |  | | | | | | | | | | | | | |