附件1： 赣州市立医院招聘报名表

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | 性 别 | | |  | | | 照 片 |
| 民 族 | |  | | 出生年月 | | |  | | |
| 政治面貌 | |  | | 婚姻状况 | | |  | | |
| 身份证号码 | |  | | | | | | | |
| 毕业院校 | |  | | | 专业 | | |  | | |
| 全日制学历 | |  | | | 毕业时间 | | |  | | |
| 籍 贯 | | |  | | | 联系电话 | | |  | |
| 执业资格 | | |  | | | 职务（职称） | | |  | |
| 家庭详细地址 | | |  | | | | | | | |
| 工作经历 |  | | | | | | | | | |
| 学习经历 |  | | | | | | | | | |
| 奖励或处分 |  | | | | | | | | | |
| 备注 |  | | | | | | | | | |