河曲县医疗集团公开招聘报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | 性别 |  | | 出生年月 | |  | | | 一  寸  彩  色  照  片 | |
| 政治面貌 |  | | 民族 |  | | 籍贯 | |  | | |
| 现住址 |  | | | | | | | | | |
| 身份证号 |  | | | | | 健康状况 | |  | | |
| 联系电话 |  | | | | | 微信 | |  | | | | |
| 毕业证 | 原件（ ) 复印件（ ) | | | | | | | | | | | |
| 毕业院校 | | 全日制 | | | 学历 | | 所学专业 | | 学制 | | | 学历证明 |
|  | | 是 否 | | |  | |  | |  | | |  |
|  | | 是 否 | | |  | |  | |  | | |  |
|  | | 是 否 | | |  | |  | |  | | |  |
| 是否取得执业资格证 | | | | |  | | 执业资格证书号 | | |  | | |
| 执业资格证 | | | | | 原件（ ） 复印件（ ） | | | | | | | |
| 报考岗位 | |  | | | | | | | | | | |
| 资格审核  认定结果 | | 合格 不合格 | | | | | | | | | | |
| 审核人签字 | |  | | | | | | | | | | |
| 注：原件在报名资格审核后退还本人，复印件留存入档。 | | | | | | | | | | | | |