**天津市中心妇产科医院派遣制职工报名表**

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| **姓名** |  | | | **性别** |  | | **电子照片** |
| **民族** |  | | | **年龄** |  | |
| **政治面目** |  | | | **户籍地** |  | |
| **婚否** |  | | | **身高** |  | |
| **毕业院校** | |  | | | **所学专业** | |  |
| **学历** | |  | | | **毕业时间** | |  |
| **邮箱** | |  | | | **联系电话** | |  |
| **身份证号** | |  | | | | | |
| **报名岗位** | |  | | | | | |
| **学习经历（从高中**  **填写）** | **起止年月** | | **学校名称** | | | **学历学位** | **专业** |
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| **工作及服**  **役经历** | **起止年月** | | **工作单位/服役部队** | | | **科室/部门** | **工作内容** |
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| **家庭情况** | **家庭成员姓名、关系、工作单位、职务** | | | | | | |
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| **本 人**  **专 业**  **技 能**  **竞 聘**  **优 势** |  | | | | | | |