**木里藏族自治县人民医院**

**编外招聘护理专业技术人员报名表**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | **性别** |  | **出生年月** |  | 2寸免冠  彩色照片 |
| **籍 贯** | |  | **民族** |  | **党 派** |  |
| **学历** | |  | | **毕业学校** |  | |
| **毕业时间** | |  | | **专业** |  | |
| **是否取得**  **护士资格证** | |  | | **是否取得规培证** |  | |
| **职称资格** | |  | | **身份证号码** | |  | |
| **联系电话** | |  | | **通讯地址** | |  | |
| **学习简历** |  | | | | | | |
| **工作简历** |  | | | | | | |
| **其他事项** |  | | | | | | |