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| 附件  景东彝族自治县人民医院编外人员招聘报名登记表 | | | | | | | | |
| **一、申请人基本信息** | | | | | | | | |
| **姓名** |  | **性别** |  | **民族** |  | **出生**  **年月** |  | **照片** |
| **政治**  **面貌** |  | **籍贯** |  | **身高** |  | **手机** |  |
| **专业技术职称及获得时间** | | |  | | | | |
| **报考岗位** | | |  | | | | |
| **二、学习及工作简历** | | | | | | | | |
| **学习 经历 （实 习经 历不 写）** | **起止年月** | **毕业院校**、专业、任职情况（从中学填起） | | | | | | |
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| **工作**  **经历** | **起止年月** | **工作单位**、科室、任职情况 | | | | | | |
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| **荣誉**  **奖励**  **特长** |  | | | | | | | |
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