**漳州市芗城区通北社区卫生服务中心应聘人员登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | 性别 |  | | 出生  年月 | |  | | 学历 |  | | 照  片 |
| 身高 | |  | | 民族 |  | | 健康  状况 | |  | | 婚否 |  | |
| 应聘岗位 | |  | | 待遇要求 |  | | 计算机  应用水平 | |  | | 有何特长 | | |  |
| 专业资格证书及取得证书时间 | | | | |  | | | | | | | | | |
| 何时何地何专业毕业 | | | | |  | | | | | | | | | |
| 身份证号码 | | | | |  | | | | | | | | | |
| 现居住地 | | | | |  | | | | | | | | | |
| 工作  或实  习简  介 |  | | | | | | | | | | | | | |
| 家庭成员 | 称谓 | | 姓名 | | | 出生年月 | | 政治面貌 | | 所在单位及职务 | | | 联系电话 | |
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| 联系  方式 | 移动电话：固话：  邮箱：微信号： | | | | | | | | | | | | | |
| 应聘人提供以下资料：本人身份证、毕业证、专业资格证书,1寸彩照等复印件各1份 | | | | | | | | | | | | | | |