紫金县残疾人康复中心编外康复老师招考报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | **性别** |  | | **民族** |  | **政治**  **面貌** | |  | | | **相片** |
| **出生**  **年月** |  | | **身份**  **证号** |  | | | | | | | | |
| **健康**  **状况** |  | | **居住地址** |  | | | **联系电话** | |  | | | |
| **最高学历毕业院校** | **全日制** | |  | | | **专业** |  | | | | | **学历** |  |
| **非全日制** | |  | | | **专业** |  | | | | | **学历** |  |
|  | | | **专业** |  | | | | | **学历** |  |
| **报考**  **岗位 序号** |  | | | | | **职称、从业资格证等相关证件名称（有证件的必须如实填写）** | | |  | | | | |
| **个人学习、工作经历（从初中开始填写）** | |  | | | | | | | | | | | |
| **家庭主要成员** | **姓 名** | | **与本人关系** | | **工作单位或住址** | | | | | | **备注** | | |
|  | |  | |  | | | | | |  | | |
|  | |  | |  | | | | | |  | | |
|  | |  | |  | | | | | |  | | |
|  | |  | |  | | | | | |  | | |
|  | |  | |  | | | | | |  | | |
|  | |  | |  | | | | | |  | | |
| **本人声明：上述填写内容真实完整，如有不实，本人愿承担一切法律责任。**  **（签名）： 年 月 日** | | | | | | | | | | | | | |