**附件3：**

**江油市第四人民医院公开招聘报名登记表**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | **性 别** |  | **民 族** |  | **近期1寸**  **免冠彩照** | |
| **身份证号** |  | | | **政治面貌** |  |
| **籍贯** |  | **健康状况** |  | **参加工作时间** |  |
| **资格证书** |  | | | **证书编号** |  |
| **户籍所在地** |  | | | **联系电话** |  | | |
| **常住地址** |  | | | **报考岗位** |  | | |
| **学**  **习**  **经**  **历** | **全日制教育** | **毕业时间、院校、专业、毕业证编号、学位证编号** | | | | | |
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| **在职教育** | **毕业时间、院校、专业、毕业证编号、学位证编号** | | | | | |
|  | | | | | | |
| **个**  **人**  **简**  **历** | **起止年月（从进入高校学习起）** | | | **工作（学习）单位及职务** | | | **证 明 人** |
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| **职**  **称**  **晋**  **升** | **名称** | | | **取得时间** | | | **聘任时间** |
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| **家庭主**  **要成员**  **及主要**  **社会关**  **系情况** | **姓 名** | **与本人关系** | | **工作单位及职务** | | | |
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