**四川省第二中医医院招聘人员报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓　名** |  | **性别** |  | | **出生**  **年月** | |  | | | | **民族** |  | 照片 | | |
| **身份证号** |  | | | | | | **籍贯** | |  | | | |
| **应聘岗位** |  | | **政治**  **面貌** | | |  | | | **特长、**  **爱好** | | |  |
| **初始学历** |  | **毕业学校及专业** | | | |  | | | **毕业时间** | | |  | **有无学位** | |  |
| **最高学历** |  | **毕业学校及专业** | | | |  | | | **毕业时间** | | |  | **有无学位** | |  |
| **原工作单位** |  | | | | | **现职称** | |  | | | | **取得时间** | |  | |
| **通讯地址** |  | | | | | | | | | | | **婚否** | |  | |
| **身高** |  | **体重** | |  | | | | | | **联系电话** | |  | | | |
| **学习**  **工作**  **简历** |  | | | | | | | | | | | | | | |
| **与原单位是否解除劳动关系及离职原由** |  | | | | | | | | | | | | | | |
| **家庭**  **情况** |  | | | | | | | | | | | | | | |
| **诚信**  **承诺** | **本人郑重承诺：**    **以上所填属实，若有不实，愿承担解除劳动合同后果及由此造成的经济赔偿责任。**      **本人签名**：  **年      月     日** | | | | | | | | | | | | | | |
| **备 注** |  | | | | | | | | | | | | | | |