钦州市残疾人康复中心聘用工作人员报名表

意向岗位： 保健人员 □

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | **性别** |  | | **民族** |  | **政治**  **面貌** | |  | | | **相片** | |
| **户口所在地** |  | | **身份**  **证号** |  | | | | | | | | |
| **参加工作时间** |  | | **联系**  **地址** |  | | | **联系电话** | |  | | | |
| **最高学历毕业院校** | **全日制高校** | |  | | | **专业** |  | | **学历** | | |  | **毕业 时间** |  |
| **成人高校及**  **函授** | |  | | | **专业** |  | | **学历** | | |  | **毕业**  **时间** |  |
| **职称、从业资格证等相关证件名称（有证件的必须如实填写）** | | |  | | | | | | | | | **健康状况** |  | |
| **个人学习、工作经历（从高中开始填写）** | |  | | | | | | | | | | | | |
| **家庭主要成员** | **姓 名** | | **与本人关系** | | **工作单位或住址** | | | | | | **联系电话** | | | |
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| **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** | | | | | | | | | | | | | | |