滇源街道中心卫生院应聘人员登记表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 基  本  情  况 | 姓    名 | |  | | 性    别 | | |  | | | 民   族 | |  | | | | | 照    片 |
| 出生年月日 | |  | | 年  龄 | | |  | | | 身   高 | |  | | | | |
| 户口地 | |  | | 婚姻状况 | | |  | | | 生育状况 | |  | | | | |
| 政治面貌 | |  | | | | | 身份证号 |  | | | | | | | | |
| 现 住 址 | |  | | | | | | | | | | | | | | | |
| 毕业院校 | | 全日制教育 | | | | | | | | 在职教育 | | | | | | | |
| 学历学位 | | | | 毕业院校及专业 | | | | 学历学位 | | | | | 毕业院校及专业 | | |
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| 专    业 | |  | | | 毕业时间 | |  | | | | 邮    编 | | |  | | | |
| 联系电话 | |  | | | | | | | | | 应聘职位 | | |  | | | |
| 身体状况 | | | 身高（净高）     CM 体重      KG   血型      视力：左      右  是否有色弱色盲：无□ 有□；传染疾病或既往重病史：无□；有□,请注明 | | | | | | | | | | | | | | | |
| 家  庭  状  况 | | | | | | | | | | | | | | | | | | |
| 姓名 | | 与本人关系 | | 工作单位（无单位请填写家庭住址） | | | | | | | 职务 | | | | | | 联系电话 | |
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| 工  作  经  历 | | | | | | | | | | | | | | | | | | |
| 单位名称 | | | | 起止时间 | | | | | | 职务 | | | | 离职原因 | | | | |
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| 获得证书及其他技能 | | | |  | | | | | | 计算机水平 | | | |  | | | | |
| 个人爱好及特长 | | | |  | | | | | | | | | | | | | | |
| 自我评价优点及不足 | | | |  | | | | | | | | | | | | | | |