|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **文山市平坝镇中心卫生院聘用人员个人简历表** | | | | | | | | | | | | | | | | | | | | | |
| **个人资料** | | | | | | | | | | | | | | | | | | | | | |
| **姓名** |  | | | | **性别** | |  | | | | | | **民族** | | | | |  | | | **照    片** |
| **出生年月** |  | | | | **身份证号码** | | | | | |  | | | | | | | | | |
| **政治面貌** |  | | | | **婚姻状况** | | | |  | | | **报考岗位** | | | | | | |  | |
| **全日制毕业学校** |  | | | | | **专业** | |  | | | | | | **学历** | | | | |  | |
| **函授毕业学校** | |  | | | | **学历** | | | |  | | | | | | **职称** | | | |  |
| **学习经历（从本专业填写）** | | | | | | | | | | | | | | | | | | | | | |
| **起止时间** | | | | **学校名称** | | | | | | | | | | | **所学专业** | | | | | | |
|  | | | |  | | | | | | | | | | |  | | | | | | |
|  | | | |  | | | | | | | | | | |  | | | | | | |
|  | | | |  | | | | | | | | | | |  | | | | | | |
| **工作经历** | | | | | | | | | | | | | | | | | | | | | |
| **起止时间** | | | | **单位名称** | | | | | | | | | | | **担任职务** | | | | | | **离职时间** |
|  | | | |  | | | | | | | | | | |  | | | | | |  |
|  | | | |  | | | | | | | | | | |  | | | | | |  |
| **个人联系方式** | | | | | | | | | | | | | | | | | | | | | |
| **家庭住址：** | | |  | | | | | | | | | | | | | | | | | | |
| **联系电话：** | | |  | | | | | | | | **QQ号码：** | | | | | |  | | | | |
| **自我评价** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|
|
|