附件：

有偿招募护理人员参与疫情防控报名表

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** |  | | **政治**  **面貌** | |  | **二寸免**  **冠照** |
| **出生年月** | |  | | **籍贯** | |  | |
| **毕业院校** | |  | | | | | |
| **手机号码** | |  | | | | | |
| **工**  **作**  **简历** |  | | | | | | | |
| **曾经获得过的荣誉** |  | | | | | | | |
| **有无违纪违法记录** |  | | | | | | | |