附件

遂宁市第一人民医院应聘人员基本信息登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** |  | **民族** |  | | **出生年月** |  | **籍贯** |  | 照片  （2寸彩色免冠） | |
| **政治面貌** |  | **身高(cm)** |  | **体重**  **（kg)** |  | | **健康情况** |  | **婚否** |  |
| **毕业院校** |  | | | | **所学专业** | |  | | | |
| **学历** |  | | | **学位** |  | | | **是否**  **全日制** |  | |
| **户籍所在地** |  | | | **现住地址** |  | | | **通讯地址** |  | | **邮编** |  |
| **身份证号** |  | | | **联系电话** |  | | | **现工作单位及职务** |  | | **参加工作时间** |  |
| **获得过何专业证书，有何特长** |  | | | | | | | | | | | |
| **个人简历** |  | | | | | | | | | | | |
| 初审签字： | | | | | | 复审签字： | | | | | | |