附件1

**盘州市妇幼保健院卫生专业技术岗位报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | **性别** |  | | **民族** | |  | | | **照片**  **（近期免冠蓝底**  **1寸照）** |
| **身份证号** |  | | | **出生日期** | | |  | | | |
| **政治面貌** |  | | | **户籍所在地** | | |  | | | |
| **全日制学历** |  | | **学位** |  | **毕业时间** | | | |  | |
| **毕业院校** |  | | | | **所学专业** | | | |  | | |
| **在职学历学位** |  | | | | **所学专业** | | | |  | | |
| **毕业时间** |  | | | | **职称** | | | |  | | |
| **执业证书**  **编号** |  | | | | | | | | | **联系电话** |  |
| **报考岗位** | 01妇产科医生□ 02儿科医生□ 03护士□ 04助产士□ | | | | | | | | | | |
| **家庭住址** |  | | | | | | | | | | |
| **主要学历与工作经历**  **（从高中或中专**  **开始填写）** | |  | | | | | | | | | |
| **信息确认栏** | | 以上所填信息均为本人真实情况，若有虚假、遗漏、错误，责任自负。    签名：  年 月 日 | | | | | | | | | |