**浙江大学医学院附属第四医院**

**公开招聘工作人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 身份证号 | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 性 别 |  | 出生年月 | |  | | | | | 政治面貌 | | | | | |  | | | | | | | | |
| 户籍所在地 |  | 籍 贯 | |  | | | | | 婚姻状况 | | | | | |  | | | | | | | | |
| 所学专业 |  | | | | | | | | 学历 / 学位 | | | | | |  | | | | | | | | |
| 毕业院校 |  | | | | | | | | 毕业时间 | | | | | |  | | | | | | | | |
| 执业资格及取得时间 |  | | | | | | | | 专业技术职务及取得时间 | | | | | |  | | | | | | | | |
| 现工作单位 |  | | | | | | | | | | | | | | | | | | | | | | |
| 通迅地址  及邮编 |  | | | | | | | | | | | | | | | | | | | | | | |
| 联系电话 |  | | | | | | | | 手机号码 | | | | | |  | | | | | | | | |
| 个人简历  （工作经历） |  | | | | | | | | | | | | | | | | | | | | | | |
| 获奖情况 |  | | | | | | | | | | | | | | | | | | | | | | |
| 家庭情况 | 关系 | | 姓名 | | | | | | 政治面貌 | | | | | | 工作单位 | | | | | | | | |
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| 备注 |  | | | | | | | | | | | | | | | | | | | | | | |