附件：

**哈尔滨市阿城区人民医院2024年度护理人员**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | **性 别** | |  | | | **民 族** | |  | | **照 片**  **（彩色二寸）** | | |
| **出生年月** |  | | **年 龄** | |  | | | **政治面貌** | |  | |
| **身份证号码** |  | | | | | | | | | | |
| **第一学历**  **毕业学校及专业** |  | | | **学 位** | | |  | | **毕业时间** | |  | **是 否 全日制** | |  |
| **最高学历**  **毕业学校及专业** |  | | | **学 位** | | |  | | **毕业时间** | |  | **是 否 全日制** | |  |
| **执业资格** |  | | | | | | | | **执业范围** | |  | | | |
| **任职资格** |  | | | | | | | | **任职时间** | |  | | | |
| **健康状况** |  | | | | | | | | **婚姻状况** | |  | | | |
| **联系方式** | **通信地址** |  | | | | | | | | | **邮 编** | |  | |
| **家庭住址** |  | | | | | | | | | **电子邮箱** | |  | |
| **手机号码** |  | | | | | | | | |  | | | |
| **教育经历** | **从高中开始填起** | | | | | | | | | | | | | |
| **时间** | | | | | **学校** | | | | | **专业** | | | |
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| **工作经历** |  | | | | | | | | | | | | | |
| **专业特长** |  | | | | | | | | | | | | | |
| **本人承诺** | **本人郑重承诺：**  **本表格所填信息真实准确，如有虚假，责任自负。**  **报名人： 年 月 日** | | | | | | | | | | | | | |

**招聘报名表**