**杭州市东城幼儿园保健医生招聘报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | | 出生年月 | | | | |  | | | | | | 贴照片处 | | | | | | |
| 性别 | |  | | | | 政治面貌 | | | | |  | | | | | |
| 婚姻状况 | |  | | | | 职称 | | | | |  | | | | | |
| 是否有保健人员上岗证 | |  | | | | 有无  宗教信仰 | | | | |  | | | | | |
| 毕业时间、学校、专业  （全日制初始学历） | | | XX年X月毕业于XX大学XX专业（本科/大专） | | | | | | | | | | | | | | | | | | | | |
| 毕业时间、学校、专业  （最高学历） | | | XX年X月毕业于XX大学XX专业（本科/大专） | | | | | | | | | | | | | | | | | | | | |
| 身份证号 | | |  |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  | |
| 户籍所在地 | | |  | | | | | | | | | | | | | | | | | | | | |
| 现居住地 | | |  | | | | | | | | | | | | | | | | | | | | |
| 联系电话 | | |  | | | | | | | | | | | | | | | | | | | | |
| 个  人  简  历  及  主  要  荣  誉 | 个人简历：  XX年X月—XX年X月 就职于XX单位  ……  主要荣誉：  XX年X月 被评为江干区优秀教师  …… | | | | | | | | | | | | | | | | | | | | | | |
| 本人声明 | 本人无任何犯罪记录，且保证上述填写内容真实完整。如有不实，本人愿承担一切法律责任。  签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | |
| 审核意见 |  | | | | | | | | | | | | | | | | | | | | | | |