附件2：

宜宾市第四人民医院应聘人员履历表

**应聘职位:**(第一选择) (第二选择) 填表日期： 年 月 日

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | 性 别 |  | | 出生年月 | |  | | | | | | | | 照片 |
| 出生地 |  | | | | | 民族 | |  | 政治面貌 | | | |  | | | |
| 身份证号码 | |  | | | | 现居住地 | | |  | | | | | | | |
| 联系电话 | |  | | | | E-mall | | |  | | | | | | | |
| 执业资格  技术职称 | |  | | | | | | | | | | | | | | |
| 婚否 | | * 已婚；□ 未婚；□ 已婚已育；□ 已婚未育 | | | | | | | | | 健康状况 | | |  | | | |
| 学历  经历 | 最高文化程度： | | | | | | | | | | | | | | | | |
| 学历 | | 专业 | | 毕业院校 | | | | | | | 文凭性质 | | | 起止时间 | | |
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|  | |  | |  | | | | | | |  | | |  | | |
| 工作  经历 | □在职 □待业 可以上岗时间： 。 | | | | | | | | | | | | | | | | |
| 起止时间 （年月） | | | 原工作单位 | | | | | | 担任职务 | | | | | | 离职原因 | |
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|  | | |  | | | | | |  | | | | | |  | |
| 审查  意见 | 年 月 日 | | | | | | | | | | | | | | | | |
| **宣言：本人所填上列各项均属事实，若有不实或虚构、愿接受取消申请资格或受雇后无偿除名之处分。**  **申请人签名：** | | | | | | | | | | | | | | | | | |