附件：

宁波市中西医结合学会招聘报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | 身份证号 |  |  | |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  | |  |  | 近期免冠  一寸彩照 |
| 户口  所在地 | |  | | 民族 |  | | | | | | 性别 | | |  | | | | | 政治  面貌 | | | |  | | | | |
| 是否应届毕业生 | | 是□ | | 毕业院校 | | |  | | | | | | | | | | | | | | | | | | | | |
| 否□ | |
| 毕业时间 | |  | | 所学专业 | | | | |  | | | | | | | | 特长 | | | | | | | |  | | | |
| 参加工作时间 | |  | | 健康  状况 |  | | | | | | 专业技  术职称 | | | | | |  | | | | | | | | | | | |
| 现工作单位 | | |  | | | | | | | | | | | | | | 工作职务 | | | | | | | |  | | | |
| 联系  地址 | |  | | | | | | | | | | | | | | | 固定电话 | | | | | | | |  | | | |
| 移动电话 | | | | | | | |  | | | |
| E-mail | |  | | | | | | | | | | | | | | | 邮编 | | | | | | | |  | | | |
| 个  人  简  历 | （可另附页） | | | | | | | | | | | | | | | | | | | | | | | | | | | |