**牡市肿瘤医院2020年招聘报名表**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | |  | **民族** | | |  | | **性别** |  | **照片** |
| **出生年月** | |  | | **学历** | | | |  | |
| **毕业学校** | |  | | | | | | | |
| **毕业时间** | |  | **专业** | | | | |  | |
| **申报岗位** | |  | **身份证号** | | | | |  | | |
| **学 习 简 历** | | | | | | | | | | |
|  | | | | | | | | | | |
| **工 作 简 历** | | | | | | | | | | |
|  | | | | | | | | | | |
| **备注：（其他需说明的情况）** | | | | | | | | | | |
| **联系电话** |  | | | | **通讯地址** | |  | | | |