**海南省眼科医院2024年招聘医技工作人员报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 | | |  | | 民族 |  | 出生年月 | |  | | 照片 |
| 政治面貌 | | |  | 身份证号码 | | | | |  | | | | | |
| 家庭住址 | | |  | | | | | | | | | 邮政编码 | |  |
| 毕业学校及毕业证书号 | | |  | | | | | | | | | 所学专业 | |  |
| 学历 | | |  | | 学位 | | |  | | 职称 | |  | | 婚否 |  |
| 申请  岗位 | |  | | | 联系  电话 | | |  | | | | 个人邮箱 | |  | |
| 学习经历（自高中填起） | |  | | | | | | | | | | | | | |
| 社会工作经历 | |  | | | | | | | | | | | | | |
| 奖惩  情况 | |  | | | | | | | | | | | | | |
| 家庭主要成员 | | 关系 | | | | 姓名 | | | 出生日期 | | | 政治面目 | | 工作单位及职务 | |
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| 应聘  承诺 | | 以上表格所填内容属实，若有虚假，所聘单位有权解除聘用合同。  应聘者签名： | | | | | | | | | | | | | |