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| 附件2：报名登记表 | | | | | | | | |
| 姓 名 |  | 身份证号码 |  | | | | | 照片 |
| 性别 |  | 政治面貌 |  | 学历 | |  | |
| 毕业院校及专业 |  | | | 毕业时间 | |  | |
| 职称 |  | | 户口所在地 |  | | | |
| 现工作单位 |  | | | 手机号码（必填） | |  | | |
| 家庭地址 |  | | | 联系电话（必填） | |  | | |
| 工作学习 简历 |  | | | | | | | |
| 兴趣爱好 |  | | | | 是否  应届  　历届 | | □　应届  □  往届 | |
| 报考岗位        □　护士    　□  收费员 | | | | | | | | |
| 备 注: | | | | | | | | |
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