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ﻪﻩﻩﻩ  应届  　历届 | | | □　应届  □  往届 | | |
| 报考岗位        □　护士    　□  收费员 | | | | | | | | | | |
| 备  　注 | | | | | | | | | | |
|  | | | | | | | | | | |