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| 附件2  **临泉县乡镇（街道）卫生院招聘护理人员考察表** | | | | | | | | | |
| **姓名** |  | **性别** |  | **出生 年月** |  | **籍贯** |  | | **照片** |
| 毕业  院校 |  | | **专业** |  | **职称** |  | | |
| **现详细** 住址 |  | | | | **联系电话** | |  | |
| **主要家庭成员情况** | **与本人关系** | **姓名** | | **性别** | **年龄** | **现工作单位或住址** | | | |
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|  |  | |  |  |  | | | |
| **个人简历** | **起止时间** | | **学习或工作单位** | | | | | | **证明人** |
|  | |  | | | | | |  |
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| **所在单位或村（居）委会鉴定意见** | |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | **（盖章）** | | |
|  |  |  |  |  | **年 月 日** | | |
| **户口所在地派出所 审查意见** | |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | **（盖章）** | | |
|  |  |  |  |  | **年 月 日** | | |
| **注：主要审查有无违法犯罪记录等。** | | | | | | | |
| **本人承诺：以上信息真实准确无误，否则责任自负。    本人确认签字： 年 月 日** | | | | | | | | | |