江苏护理职业学院

临床医生和护士应聘人员信息登记表

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 | | |  | | | 一寸近期免冠  彩色照片 |
| 民族 |  | | | 出生年月 | | |  | | |
| 籍贯 |  | | | 联系方式 | | |  | | |
| 最高学历、学位 |  | | | 毕业院校 | | |  | | |
| 政治面貌 |  | | | 入党时间 | |  | | 参加工作  时间 | |  |
| 职称情况 |  | | | | | | 是否有养老、  医疗保险 | | |  |
| 退休前工作单位及职务 |  | | | | | | | | | |
| 学习经历 | |  | | | | | | | | |
| 工作简历 | |  | | | | | | | | |
| 奖惩情况 |  | | | | | | | | | |
| 家庭成员及重要社会关系信息 | 称谓 | | 姓名 | | 出生  年月 | | 政治面貌 | | 工作单位及职务 | |
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| 自我评价 |  | | | | | | | | | |