   重庆市江津精神康复院2019年面向社会公开招聘护士报名

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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 基本情况 | 姓名 | |  | | | 性别 | |  | | | |  | | | 民族 | |  | 出生  年月 | |  | | 政治面貌 | |  | | | 身份证号 | |  | | | 籍贯 | |  | | | | | 身高（cm） | |  | | | 体重（kg） | |  | | | | | 执业证书 | |  | | | 技术职称 | |  | | | | | | | 现住址 | |  | | | | | 婚姻状况 | | |  | | | | 有无工作经历 | |  | | | | | | 有何爱好特长 | |  | | | | | | | | | | | | 教育情况 | 毕业学校 | |  | | | | | 最高学历 | | |  | | | | 毕业专业 | |  | | 毕业  时间 | |  | 最高学历性质 | | |  | | | | 学习工作经历 | 起止日期  （\*年\*月~\*年\*月） | | | | 学校/单位名称 | | | | 专业或职务 | | | | 学历、  学位 | |  |  | | |  | | | |  | | | |  | |  |  | | |  | | | |  | | | |  | |  |  | | |  | | | |  | | | |  | |  |  | | |  | | | |  | | | |  | |  |  | | |  | | | |  | | | |  | |  |  | | |  | | | |  | | | |  | | 其他信息 | 通讯地址 |  | | | | | | | 联系电话 | | |  | | | 原工作单位 |  | | | | | | | 参加工作年限 | | |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   本人承诺：本人上述填写内容和提供的相关依据真实，符合招聘方案的报考条件。如有不实，本人自愿放弃聘用资格并承担相应责任。经本人核对录入的报名信息准确无误。                         报考人（签名）：                  年   月   日 |