**附件1 青海省人民医院2021年度护理初选招聘报名表**

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| **姓名** |  | | | | **性别** | |  | | | **出生年月** | |  | | | 照  片 | |
| **籍贯** |  | | | | **民族** | |  | | | **政治面貌** | |  | | |
| **身份证号** | | |  | | | | | | | **联系方式** | |  | | |
| **毕业院校** | | |  | | | | | | | **毕业时间** | |  | | |
| **所学专业** | | |  | | | | | | | **学历** | |  | | | **学制** |  |
| **是否取得学位证书** | | | | | |  | | | **是否取得执业资格证书** | | | | | |  | |
| **外语水平** | |  | | | | | | | **计算机水平** | | | |  | | | |
| **是否取得岗位要求具备的从业证书或资格证书** | | | | | | | |  | | | | | | | | |
| **报考专业** | | | |  | | | | | | **报考岗位** | | |  | | | |
| **个人学习经历** | | | | | | | | | | | | | | | | |
| **起止时间** | | | | **学校名称** | | | | | | | **学历** | | | **专业** | | |
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| **工作经历** | | | | | | | | | | | | | | | | |
| **起止时间** | | | | **单位名称** | | | | | | | **职务/职称** | | | **科室** | | |
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**承诺书**

**本人承诺符合青海省人民医院2021年度编制外护理人员初选条件，保证所填写的个人信息资料及提交的证书、证件及相关材料真实、准确。如果所填个人信息及提交的证书、证件及相关材料不真实、不准确，所造成的后果由本人承担。**

**签字：**

**年 月 日**