附件

遵义医科大学附属医院

公开选拔专科护士长储备人选报名登记表

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| 姓 名 | |  | 性 别 | | |  | | | | | | | 出生年月 | | | | | |  | | | | 一寸彩色照片 | | | |
| 民 族 | |  | 籍 贯 | | |  | | | | | | | 出 生 地 | | | | | |  | | | |
| 政 治  面 貌 | |  | 入 党  时 间 | | |  | | | | | | | 参加工作  时间 | | | | | |  | | | |
| 专业技术职务及时间 | |  | | | | | | | | | | | 专科护士资格及时间 | | | | | |  | | | | | | | |
| 申报专科 | |  | | | | | | | | | | | 健康状况 | | | | | |  | | | | | | | |
| 学 历  学 位 | | 全日制  教 育 |  | | | | | | | | | | 毕业院校  系及专业 | | | | | |  | | | | | | | |
| 在 职  教 育 |  | | | | | | | | | | 毕业院校  系及专业 | | | | | |  | | | | | | | |
| 外语语种 | | |  | | | | | | | | | | 掌握程度 | | | | | | 精通□ 熟练□ 一般□ | | | | | | | |
| 所在科室 | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号 | | |  |  |  | |  | | |  |  |  | | |  |  |  | |  |  |  |  |  |  |  |  |
| 联系  方式 | 手 机 | |  | | | | | | | | | | 办公电话 | | | | | |  | | | | | | | |
| 电子邮箱 | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭住址 | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 学习  经历  （自大学写起） | **自何年何月** | | **至何年何月** | | | | | | **毕业院校** | | | | | | | | | | **所学专业** | | | | **学历学位** | | | |
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| 工作  简历 | **自何年何月** | | **至何年何月** | | | | | | **工作科室** | | | | | | | | | | | | | | | | | |
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| 奖惩  情况 | **何年何月** | | **地厅级及以上奖励名称** | | | | | | | | | | | | | | | **颁布单位** | | | | | | | | |
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| 近三年年度考核结果 | 2017年 | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 2018年 | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 2019年 | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 家  庭  主  要  成  员  （配偶、子女、  父母） | **称 谓** | | **姓 名** | | | | | **出生年月** | | | | | | **政治面貌** | | | | **工作单位及职务** | | | | | | | | |
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| 个  人  承  诺 | 我承诺本报名表所填内容及所提供资料全部真实，如有弄虚作假，由我本人承担责任。  本人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |