**附件3**

**桥西区人民医院2022年公开选调医护人员简历**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | | **性别** |  | **民 族** |  | | | **照**  **片** | |
| **出生年月** | |  | | **籍贯** | |  | | | |
| **参加工**  **作时间** | |  | | **户口**  **所在地** | |  | | | |
| **入党时间** | |  | | **住址** | |  | | | |
| **健康状况** | |  | | **特长** | |  | | | |
| **第一学历及**  **毕业时间** | | |  | | | **毕业院校系及专业** |  | | | | |
| **最高学历及**  **毕业时间** | | |  | | | **毕业院校系及专业** |  | | | | |
| **专业技术职称** | | |  | | | **专业技术职称取得时间** | |  | | | |
| **现工作单位、职务** | |  | | | | | | | **是否**  **在编** | |  |
| **身份证号** | |  | | | | | | | | | |
| **联系电话** | |  | | | | **个人邮箱** |  | | | | |
| **本人简历（含学历）** | |  | | | | | | | | | |
| **奖惩情况** |  | | | | | | | | | | | |
| **近两年年度考核结果** |  | | | | | | | | | | | |
| **家庭主要**  **成员及**  **工作单位** | **称谓** | | | **姓名** | | **工作单位** | | | | | | |
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| **诚信承诺** |  | | |  | | | | | | | | |