附件：

**云南中医学院2017年高校毕业生见习岗位公开招聘应聘人员报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 应聘人员范围（填应届或往届） | | | | | | | | | |  | | | | | | | |
| 应聘见习岗位 | | | | | |  | | | | | | | | | | | |
| 姓名 | | |  | | | | | 性别 | | |  | 出生年月 | | |  | | |
| 民族 | | |  | | | | 党派及加入时间 | | | | |  | | | | | 照片 |
| 最高学历、学位 | | | 士 | | | | | | 现职称及从事专业 | | |  | | | | |
| 英语成绩 | | |  | | | | | | | | | | | | | |
| 以下分别填写本科、硕士毕业时间、毕业学校、所学专业及方向 | | | | | | | | | | | | | | | | |
| 本科 | |  | | | | | | | | | | | | | | | |
| 硕士 | |  | | | | | | | | | | | | | | | |
| 现户口所在地 | | | | |  | | | | | | | | 身份证号码 | | |  | |
| 联系电话 | | | | |  | | | | | | | | 邮箱 |  | | | |
| 个人主  要简历 |  | | | | | | | | | | | | | | | | |
| 档案存放单位 | | | |  | | | | | | | | | | | | | |
| **本人承诺：以上所填内容属实。签名：**  年 月 日 | | | | | | | | | | | | | | | | | |