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| 附件1： | | **招聘单位、职位及指标** | | | | | |
| **职位 编码** | **职位名称** | | **生源和户籍** | **招聘单位** | **学历** | **数量** | **职位要求及其他** |
| 1 | 医学检验 | | 宁波大市 | 河姆渡分院 | 中专及以上 | 1 | 医学检验相关专业, 1979年1月1日及以后出生。 |
| 2 | 收费 | | 宁波大市 | 河姆渡分院 | 中专及以上 | 1 | 专业不限，能熟练操作电脑,1979年1月1日及以后出生。 |
| 3 | 护理 | | 宁波大市 | 大隐分院 | 中专及以上 | 1 | 护理相关专业,具备护士资格证。 |
| 4 | 临床1 | | 不限 | 凤山分院 | 大专及以上 | 1 | 临床专业。 |
| 5 | 临床2 | | 不限 | 凤山分院 | 大专及以上 | 1 | 临床专业,从事妇幼保健相关工作。 |

附件2：

**余姚市中医医院医共体编外招聘报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | 身份证号码 | | | | | | |  |  |  | |  |  | | |  |  |  | | |  |  |  |  | |  | | |  |  | |  |  |  | 1寸照片 |
| 性别 |  | 出生  年月 | | |  | | | | | 学历/  学位 | | | | | |  | | | | | | | | | | | 外语等级 | | | | | |  | | | |
| 毕业  时间 |  | | | 毕业院校 | | |  | | | | | | | | | | | | | | | 专业 | | | | | | | |  | | | | | | |
| 应聘单位及职位 |  | | | | | | | | 职位编码 | | | | | | | |  | | | | | 政治面貌 | | | | | | | |  | | | | | | |
| 生源户籍所在地（乡镇） | | | | | |  | | | | | | | | | | | | | | | | 执业资格/职称 | | | | | | | |  | | | | | | | |
| 家庭  地址 |  | | | | | | | 邮编 | | | | |  | | | | | | | | 手机 | | | | | | | |  | | | | | | | | |
| 其他电话 | | | | | | | |  | | | | | | | | |
| 工作  单位 | （历届考生填写） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本  人  简  历 | 从初中开始 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家 庭  主 要  成 员  情 况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 真实性承诺 | 本人承诺：本人所填写的内容真实可靠，所提供的证书、证明等材料真实有效、取得途径合法。如有任何不实，本人愿意接受余姚市中医医院医共体取消本人应聘、录用资格等有关处理决定。  签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 招 聘  资 格  审 核  意 见 | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |