**宁化县卫生健康局招聘卫生监督协管员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓　名 |  | 性别 |  | 出生  年月 |  | | 民族 | |  | | 照 片 | |
| 籍　贯 |  | 居住  地址 |  | | | | | | | |
| 学　历 |  | 学位 |  | 专业 |  | 党(团)员 | |  | | |
| 何时何校  毕　 业 |  | | | | | | | 有何 特长 | | | |  |
| 身份证号 |  | | | | | | 联系电话 | | |  | | |
| 手机号码 | | |  | | |
| 家 庭 主 要 成 员 |  | | | | | | | | | | | |
| 个　 人 简　 历 |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |