附件：护理员报名申请表

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 西昌市人民医院医疗护理员报名表 | | | | | | | | |
| **姓名** |  | **性别** |  | **年龄** |  | **民族** |  | 贴照片处 |
| **籍贯** |  | **文化 程度** |  | **政治 面貌** |  | **联系电话** |  |
| **身份证号码** |  | | | **有无护士证** |  | **紧急联系人电话** |  |
| **个人简介** |  | | | | | | | |
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
|
| 备注：照片1寸蓝底 | | | | | | | | |