附件：

有偿招募护理人员参与疫情防控报名表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** |  | **政治****面貌** |  | **二寸免****冠照** |
| **出生年月** |  | **籍贯** |  |
| **毕业院校** |  |
| **手机号码** |  |
| **工****作****简历** |  |
| **曾经获得过的荣誉** |  |
| **有无违纪违法记录** |  |