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| **元阳县中医医院合同制人员招聘报名表** | | | | | | | | | | |
| **姓 名** |  | | **性 别** |  | **出生年月** | |  | | **2寸彩色照片**  **粘贴处** | |
| **政治面貌** |  | | **籍 贯** |  | **身高（cm）** | |  | |
| **初始学历毕业学校** |  | | **专业** |  | **初始学历毕业时间** | |  | |
| **最高学历毕业学校** |  | | **专业** |  | **最高学历毕业时间** | |  | |
| **专业技术资格证书取得时间** | |  | | | **报考岗位** | |  | | | |
| **身份证号码** |  | | | | **联系电话** | |  | | | |
| **现家庭住址** |  | | | | | | **婚姻状况** | | |  |
| **配偶姓名** |  | | | **配偶工作单位** | |  | | | | |
| **学习经历**  **(从高中填起)** | **起止时间（年月－ 年月）** | | | **学 校** | | | | **所学专业** | | |
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| **工作经历** | **起止时间（年月－ 年月）** | | | **工作单位** | | | | **职 务** | | |
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| **本人保证上述表格中所填内容完全真实，如有虚假，愿意承担一切责任。**  **应聘人签名：**  **年 月 日** | | | | | | | | | | |
| **审核情况** |  | | | | | | | | | |

备注：双面打印。