徐州市儿童医院2024年公开招聘

合同制医务人员报名表

报名序号：

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| **基本情况** | 姓名 |  | | | | | | | | | | | | | | | | | 性别 | | | | |  | | | | | | | | | （贴照片处） | |
| 民族 |  | | | | | | 出生年月 | | | |  | | | | | | | 政治面貌 | | | | |  | | | | | | | | |
| 身份证号 |  |  |  | | |  | |  |  |  | |  |  | |  | |  | |  | |  |  | | | |  |  |  | |  | |
| **报名情况** | 报考单位 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报考岗位名 称 |  | | | | | | | | | | | 报考岗位  代 码 | | | | | | | |  | | | | | | | | | | | | | |
| **教育及职称情况** | 学 历 |  | | | | | | | 学 位 | | | |  | | | | | | | | 毕业时间 | | | | | | | | |  | | | | |
| 毕业专业 |  | | | | | | | | | | | 研究方向 | | | | | | | |  | | | | | | | | | | | | | |
| 毕业院校 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现有资格（职称） |  | | | 资格（职称）  专业 | | | | | | | | | |  | | | | | | | | | | 现有资格（职称）取得时间 | | | | | | |  | | |
| **招聘对象** | | 1.2024年毕业生**🞎** 2.按2024年毕业生报名**🞎**  3.社会人员**🞎**  4**.**按“两个同等对待”政策报名**🞎** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **其他信息** | 是否有工作经历 | | | | **□**是 **□**否 | | | | | | | | | | | | | | | | 参加工作时间 | | | | | | | | |  | | | | |
| 通讯地址 |  | | | | | | | | | | | | | | | | | | | 联系电话 （固定电话及手机） | | | | | | | | |  | | | | |
| 电子邮箱 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人学习经历（从高中毕业学校填起） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学历 | 学位 | | | | 毕业学校 | | | | | | | | | | | 专业 | | | | | | | | | 毕业时间 | | | | | | | | 是否全日制 |
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| **其他信息** | 工作经历（无工作经历不填写） | | | | | | | | |
| 工作单位 | | 所在科室 | | | 起止时间 | | 职务 | |
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| 家庭成员信息（直系亲属） | | | | | | | | |
| 家庭成员姓名 | 与本人关系 | | 年龄 | | | 工作单位 | | 备注 |
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| **本人承诺以上信息真实、准确、有效，如有虚假，责任自负。是否存在应当回避关系 是🞎 否🞎**    **本人确认签字： 年 月 日** | | | | | | | | | |
| **审核意见** | 审核意见  印 章  年　　月　　日 | | | | | | | | |