附件2

成都市新津区2024年度赴高校选聘

卫生专业技术人才报名表

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| 姓 名 |  | | 性 别 | | |  | | 籍 贯 |  | | 照片 | |  |
| 民 族 |  | | 出生年月 | | |  | | 婚姻状况 |  | |  |
| 身份证号 |  | | | | | | | 身 高 |  | |  |
| 健康状况 |  | | | 政治面貌 | | |  | 是否定向、委培毕业生 |  | |  |
| 应聘单位及 岗位代码 |  | | | | | | | 联系电话 |  | | | |  |
| 现在住址 |  | | | | | | | E-Mail |  | | | |  |
| 学历  学位 |  | | | | | | | 毕业院校及专业 |  | | | |  |
| 职业资格证  名称 |  | | | | | | | 职业资格证  取得时间 |  | | | |  |
| 执业资格证  名称 |  | | | | | | | 执业资格证取得时间 |  | | | |  |
| 住培证专业 |  | | | | | | | 住培证取得时间 |  | | | |  |
| 获得荣誉及  其他资格证书 |  | | | | | | | | | | | |  |
| 个人特长    及自我评价 |  | | | | | | | | | | | |  |
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|  |
| 学习（工作）经历（从本科阶段填起） | | | | | | | | | | | | |  |
| 起止时间 | | | | | 学校及专业（单位及职务） | | | | | | | |  |
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| 家庭成员 | | | | | | | | | | | | |  |
| 姓名 | | 关系 | | | 单位（住址）、职务 | | | | | | | |  |
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| 本人符合报考条件，且对填报的内容和所提供材料的真实性负全部责任。  本人签字： | | | | | | | | | | | | |  |
| 资格初审结果： 初审人签字：  复核人签字：  年 月 日 | | | | | | | | | | | | |  |