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| 附件1 | | | | | | | | | | | | | | |
| 会理市城南街道中心卫生院2025年招聘编外人员报名登记表 | | | | | | | | | | | | | | |
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| 姓 名 | |  | 性别 | |  | 出生年月 | |  | | | | | 2寸免冠 | |
| 民族 | |  | 籍贯 | | |  | | | | | | |
| 政治面貌 | |  | | | | 入党(团)时间 | |  | | | | |
| 全日制 学历学位 | |  | | | | 毕业院校及时间 | |  | | | 专业 | |  | |
| 最高学历学位 | |  | | | | 毕业院校及时间 | |  | | | 专业 | |  | |
| 联系电话 | |  | | | 身份证号 |  | | | | | | | | |
| 执业资格 | |  | | 报考岗位 | | | |  | | | | | | |
| 意 向 工 资 | | | |  | | | 大 写 | |  | | | 签 字 | |  |
| 工作简历 | 何年何月起止 | | | 何单位工作（学习） | | | | | | 任何职务 | | | | |
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| 本人签字 | 本人郑重承诺：本人所提供的人员信息、证明材料、证件等真实、准确，并自觉遵守事业单位工作人员招聘各项规定，诚实守信，严守纪律。对因提供有关信息证件不实或违反有关纪律所造成的后果，本人自愿承担相应责任。 | | | | | | | | | | | | | |
| 本人签字（手印）： 年 月 日 | | | | | | | | | | | | | |