**广安市广安区妇女儿童医院应聘报名表**

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| 姓 名 | | |  | | 性 别 | |  | | 民 族 | | |  | | 照片  （一寸彩照） |
| 出生年月 | | |  | | 政治面貌 | |  | | 籍 贯 | | |  | |
| 健康状况 | | |  | | 毕业时间 | |  | | 所学专业 | | |  | |
| 最高学历学位 | | |  | | 应聘岗位 | |  | | 是否服从调剂 | | |  | |
| 毕业院校 | | |  | | | | | 身份证号码 |  | | | | |
| 联系电话 | | |  | | | | | | 专业技术资格及取得时间 | | | |  | |
| 学习、  培训（含规培）  经历 | | | 起止时间 | | | | 学校名称及专业 | | | | | | | |
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| 工作  经历 | | | 起止时间 | | | | 工作单位及从事工作岗位 | | | | | | | |
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| 家庭主要成员 | 关系 | | | 姓名 | | 工作单位及职务 | | | | 政治面貌 | 联系电话 | | | |
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| 奖惩  情况 | |  | | | | | | | | | | | | |
| 有何  专长 | |  | | | | | | | | | | | | |
| 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。  申请人签名：  年 月 日 | | | | | | | | | | | | | | |