玛沁县紧密型医共体编外医护及行政工作人员补录

招聘报名表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 | |  | | | | 民族 | |  | | | 蓝底照片 | |
| 出生年月 |  | 身份证号 | | |  | | | | | | | |
| 政治面貌 |  | 联系电话 | | |  | | | | | | | |
| 毕业院校  及专业 |  | | | 学历 | | |  | | | | 是否有学位 | | |  |
| 电子邮箱 |  | | | 家庭住址 | | | | |  | | | | | |
| 应聘岗位 | | | 姓名+岗位序号+医院或卫生院名称+科室  （每人限报1个岗位） | | | | | | | | | | | |
| 相关专业  资格证书 | | | 证书名称 | | | | | | | | 获得时间 | | | |
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| 教育背景  （从最高学历开始填写） | | | | | | | | | | | | | | |
| 院校名称 | | | 入学时间 | | | 毕业时间 | | | | | | 专业 | | |
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| 工作经历 | | | | | | | | | | | | | | |
| 工作单位 | | | 入职时间 | | | 离职时间 | | | | | | 职务、职责、业绩 | | |
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| 个人优势级评价： | | | | | | | | | | | | | | |
| 承诺声明：  本人承诺以上所填写信息均真实有效，若有虚假，愿意承担相应法律责任及被取消应聘资格的后果。  签名：  日期： | | | | | | | | | | | | | | |