附件2：

滨州市妇幼保健院（滨州市儿童医院）2019年儿童康复中心公开招聘人事代理人员报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **姓 名** |  | **性 别** | | | |  | | | **出生年月** | | | |  | | | **民族** | |  | | **一寸彩色照片** |
| **政治面貌** |  | **婚 否** | | | |  | | | **籍 贯** | | | |  | | | | | | |
| **身份证号** |  | | | | | | | | **E-mail** | | | |  | | | | | | |
| **应聘岗位** |  | | **联系电话 （填写两个）** | | | | | | |  | | | | | | | | | |
| **家庭住址** |  | | | | | | | | | | | | | | | | | | | |
| **全日制学历及学位** |  |  | | | **毕业学校、专业及毕业时间** | | | | | | |  | | | | | | | | |
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| **执业资格及范围** |  | | | **专业技术职务资 格** | | | |  | | | | | | **住院医师规范化培训合格证书** | | | | |  | |
| **学**  **习**  **背**  **景**  **（自高中写起）** | **学 历** | **起止时间** | | | | | | **毕 业 学 校** | | | | | | | | | **所 学 专 业** | | | |
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| **工**  **作**  **经**  **历** | **起止时间** | **工 作 单 位 及 科 室** | | | | | | | | | | | | | | | **性质（实习、工作）** | | | |
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| **家庭**  **成员**  **及其**  **主要**  **社会**  **关系** | **关 系** | **姓 名** | | | | | **出生年月** | | | | **政治面貌** | | | | **工 作 单 位** | | | | | |
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| **我已经仔细阅读招聘信息，并郑重承诺：本人所提供的个人信息、证明资料、证件等真实、准确。对因提供有关信息证件不实或违反有关纪律规定所造成的后果，本人自愿承担相关责任。**  **应聘人员签名：**    **年 月 日** | | | | | | | | | | | | | | | | | | | | |
| **备 注** | **联系电话需填写自己两个常用电话，或填写自己及亲属联系电话。** | | | | | | | | | | | | | | | | | | | |