温州市龙湾区卫生健康局

公开招聘编外工作人员报名表

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| 姓名 |  | | 性  别 |  | 民  族 | |  | | | | | | | 出生  年月 | | |  | | | | | | | 照    片 |  |
| 籍贯 |  | 现户口  所在地 |  | | 执业资格、技术资格、技术等级 | | | | | | | | |  | | | | | | | | | |  |
| 政治面貌 |  | | 身份证  号码 | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 全日制教育  学历、学位 |  | | 学制    年 | | | 毕业院校  及 专 业 | | | | |  | | | | | | | | | | | | | |  |
| 在职教育  学历、学位 |  | | 学制    年 | | | 毕业院校  及 专 业 | | | | |  | | | | | | | | | | | | | |  |
| 通讯地址 |  | | | | | | | | | | 联系电话  手  机 | | | |  | | | | | | | | | |  |
| 简   历 | 起止时间 | | | | 工作单位（学校、专业） | | | | | | | | | | | 职   务 | | | | | | | | |  |
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| 奖惩情况（近3年内受过的奖励或处分） |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| 家庭成员及主要社会关系 | 称谓 | 姓名 | 出生年月 | | | | | 政治面貌 | | | | 工作单位及职务 | | | | | | | | | | | | |  |
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| 本人声明：上述填写的内容真实完整。如有不实，本人愿意承担取消招聘资格的责任。    申请人（签名）：                        年    月    日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格初审意见（工作人员填写） | 签名：               年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | |