附件3

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| **姓名** |  | | | | | **出生日期** | | |  | | **民 族** |  | | | **照片** |
| **性别** |  | | | | | **政治面貌** | | |  | | **入党（团）**  **时间** |  | | |
| **生源地（入学前户籍）** | | | | |  | | | | | | **毕业院校** |  | | |
| **身份证号** | | | |  | | | | | | **所学专业** | |  | | |
| **学历** | |  | | | | | **培养方式** | **（填统招或定向）** | | | | | | | |
| **学位** | |  | | | | | **学制** | **（年）** | | | **英语水平** | |  | | |
| **联系**  **电话** | |  | | | | | **手机号码** |  | | | **电子邮箱** | |  | | |
| **家庭常住地址**  **及邮编** | | | | | | |  | | | | | | | | |
| **教 育**  **经 历**  **（从高中写起）** | | | **起止时间** | | | | | | **学校名称** | | | | | **专业** | |
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| **实习简历或参加培训、社会实践经历** | | | **起止时间** | | | | | | **单位及岗位名称** | | | | | **从事工作** | |
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北京市卫生健康委信息中心公开招聘工作人员报名表

（应届毕业生填写）

**报考职位： 填表时间： 年 月 日**

|  |  |
| --- | --- |
| **已取得何**  **证书或曾**  **获得何种**  **奖 励** |  |
| **资 格 审 查 意 见** | **招聘单位意见：** 符合条件（ ）； 不符合条件（ ）。  **审核人签字：**  **年 月 日** |