**榆社县卫生系统2020年公开招聘工作人员报名表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | 性 别 | |  | 出生年月 | |  | |  | | |
| 籍贯 | |  | | | | | | | | | | | 照片 | |
| 身份证号码 | | |  | | | | | | | | | |
| 本人手机号 | | |  | | | | | 家庭联系电话 | |  | | |
| 报考单位 | | |  | | | | | 报考岗位 | |  | | | | |
| 学  历  情  况 | 学 历 | | 毕 业 院 校 | | | | | | | 所 学 专 业 | | | | 毕业时间 |
|  | |  | | | | | | |  | | | |  |
|  | |  | | | | | | |  | | | |  |
| 具有何种资格 | | | | | | |  | | | 取得何种学位 | |  | | |
| 个 人 主 要 经 历 | | | | | | | | | | | | | | |
| 何年何月至何年何月 | | | | 在何地何学校（或单位）学习（或从事何项目） | | | | | | | | | | |
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| 审 查  意 见 | | | | | 审查人签字：  年 月 日 | | | | | | | | | |
| 说明： | | | | | | | | | | | | | | |