**景德镇市卫生学校2021年自主招聘合同制人员报名表**

**求职岗位：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 | |  | | | | | | | | 性别 | | |  | | | 出生  年月 | | | | |  | | | 民族 | | | |  | | | 2寸  照片 | | | |
| 籍贯 | |  | | | | | | | | | 政治面貌 | | | | | |  | | | | 婚姻状况 | | | | | |  | | | |
| 身体状况 | | |  | | | | | 身高 | | | | |  | | | 体重 | | | | | |  | 血型 | | | |  | | | |
| 户籍所在地 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 第一学历 | | |  | | | | | | 毕业时间 | | | | |  | | | | | 毕业学校 | | | | | |  | | | | | 专业 | | | |  |
| 最高学历 | | |  | | | | | | 毕业时间 | | | | |  | | | | | 毕业学校 | | | | | |  | | | | | 专业 | | | |  |
| 家庭住址 | | | | |  | | | | | | | | | | | | | | | 联系电话 | | | | | |  | | | | | | | | |
| 递交材料 | | | | | | 复印件 | | | | | | | | | | | | 复印件 | | | | | | | | | | | 复印件 | | | | | |
| 复印件 | | | | | | | | | | | | 复印件 | | | | | | | | | | | 复印件 | | | | | |
| 主要经历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 担任职务 | |
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| 家庭成员情况 | 称谓 | | | 姓 名 | | | | | | | | 职 业 | | | 服 务 单 位 | | | | | | | | | | | | | | | | | 联系电 话 | | |
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| 本人获奖情况： | | | | |
| 自我评述 | 除应聘岗位外，还能胜任的岗位： | | | |
| 愿在景德镇市卫校服务的年限： | | | |
| 自我评价（个性、爱好、特长、成果、潜能）： | | | |
| 请提供两位能证明你品行和工作能力的人 | | | | |
| 姓名 | 关系 | 服务单位 | 现职 | 联系电话 |
|  |  |  |  |  |
|  |  |  |  |  |

填表人（签名） 填表时间：